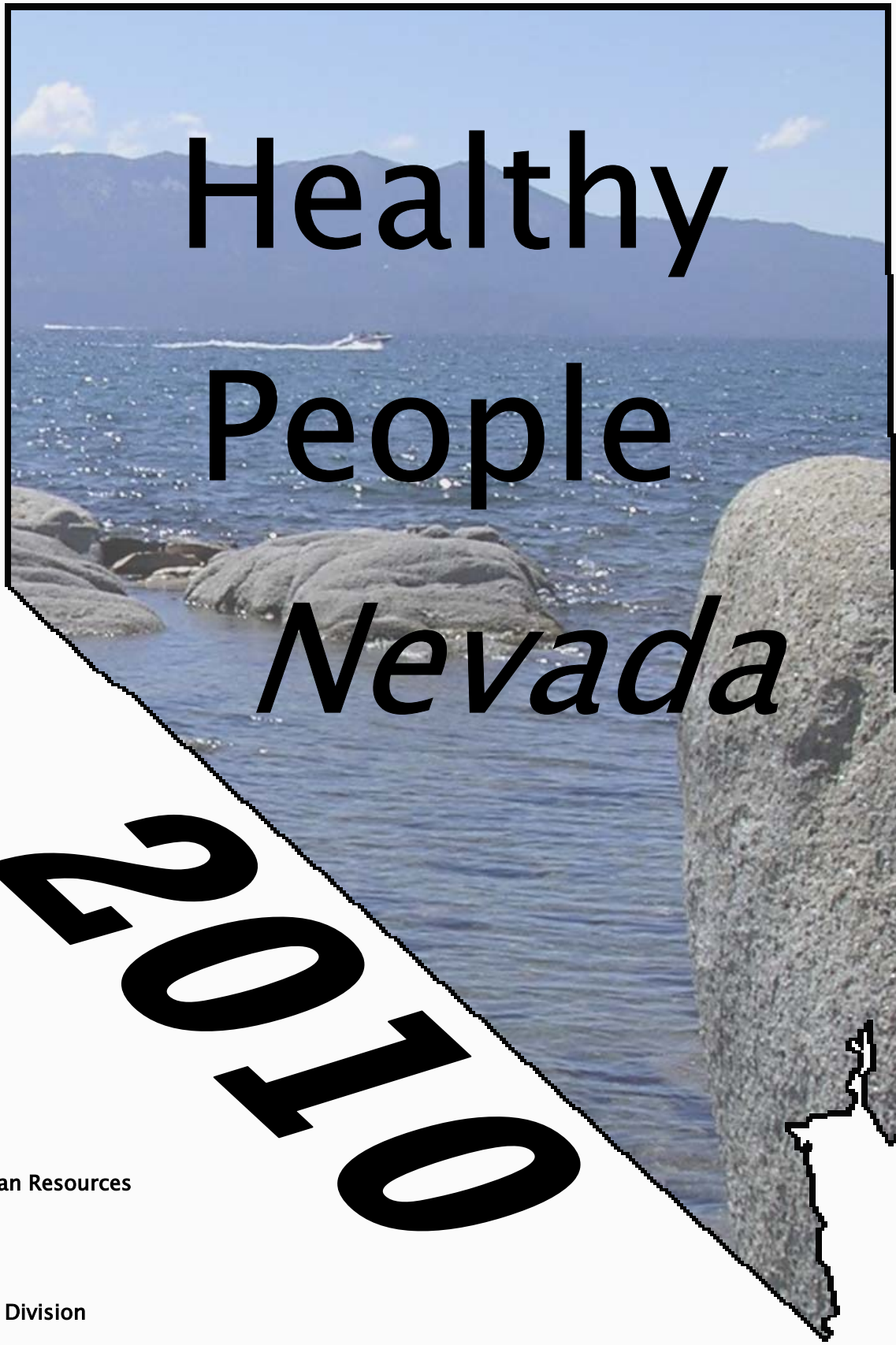

Healthy People *Nevada* 2010

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Healthy People Nevada 2010

2003 Edition

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Healthy People Nevada 2010

Introduction

The *Healthy People 2010* initiative is a national strategy for significantly improving the health of Americans over the first decade of the 21st century. The two-volume report, *Healthy People 2010* is published by the United States Department of Health and Human Services. The development of *Healthy People 2010* involved citizens and professionals, private organizations and public agencies from every part of the nation. The initiative has provided the framework for national, state, and local health agencies and nongovernmental entities to assess health status, health behaviors, and services. Then subsequently, to plan, evaluate, and initiate health promotion programs.

The *Healthy People 2010* is designed to achieve two broad-based goals:

- To increase quality and years of healthy life,
- To eliminate health disparities.

These two goals are supported by 467 specific objectives in 28 focus areas. Each objective was developed with a target to be achieved by the year 2010.

Nevada

This *Healthy People Nevada 2010* report utilizes objectives and focus areas from the national *Healthy People 2010* to provide statewide data on the health of Nevadans.

This report examines objectives representing 22 of the 28 national focus areas. Focus areas for Nevada's report are:

Access To Quality Health Services	Maternal, Infant and Child Health
Arthritis and Osteoporosis	Medical Product Safety
Cancer	Mental Health & Mental Disorders
Diabetes	Nutrition and Overweight
Environmental Health	Occupational Safety and Health
Family Planning	Oral Health
Food Safety	Physical Activity and Fitness
Heart Disease and Stroke	Respiratory Diseases
HIV	Sexually Transmitted Diseases
Immunization & Infectious Diseases	Substance Abuse
Injury and Violence Prevention	Tobacco Use

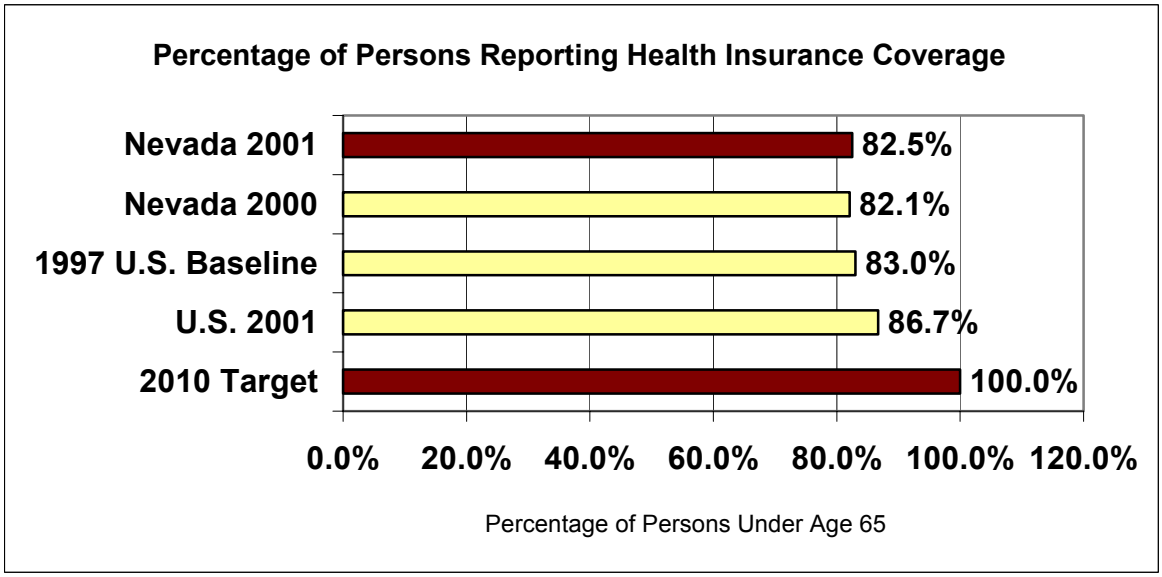
The most significant factor in the selection of focus areas and objectives was the availability of accurate and reliable data.

The following pages identify the selected objective, the Nevada data, the U.S. data, the U.S. baseline, and the 2010 target related to that objective. The baseline is the first data point in tracking, or where the community is now. The target is the desired end point, amount of change. The baseline and target data are represented by either a percentage or by a number (rate). The latest available data has been documented.

Access To Quality Health Services

Objective (1-1.): Increase the proportion of persons with health insurance.

In the United States, despite the Medicaid program, 10.1 million poor people, or 30.7 percent of the poor, had no health insurance of any kind during 2001. People 18 to 24 years old were less likely than other age groups to have health insurance coverage, with 71.9 percent covered for some or all of 2001. Because of Medicare, almost all people 65 years and over 99.2 percent had health insurance in 2001**(1).** It is said that having health insurance reduces mortality rates by 10-15%**(2).**



2001 By County/Region	**Clark County**	**81.1%**
	Washoe County	**87.6%**
	Rural Counties	**83.8%**
Nevada 2001 By Race/Ethnicity	**Black**	**82.2%**
	Hispanic	**82.5%**
	White	**86.7%**
	All Others	**68.5%**

These percentages represent persons under age 65 who report coverage by any type of public or private health insurance. The Nevada and U.S. data are from the Behavioral Risk Factor Surveillance System.

Objective (1-9a.): Reduce hospitalization rates for pediatric asthma, persons under age 18 years.

Nevada 2001	1996 U.S. Baseline	U.S. 2001	2010 Target
14.2*	23.0	21.4	17.3

These rates represent hospitalizations among persons with asthma as the first-listed (principal) diagnosis. The rates are per 10,000 population, under 18 years of age. The Nevada data are from Hospital Discharge Data. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are from a different source than the National and may not be comparable.

Objective (1-9b.): Reduce hospitalization rates for uncontrolled diabetes, persons aged 18 to 64 years.

Nevada 2001	1996 U.S. Baseline	U.S. 2001	2010 Target
6.5*	7.2	7.7	5.4

These rates represent hospitalizations among persons with uncontrolled diabetes as the first-listed (principal) diagnosis. The rates are per 10,000 population, aged 18 to 24 years. The Nevada data are from Hospital Discharge Data. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are from a different source than the National data and may not be comparable.

Objective (1-9c.): Reduce hospitalization rates for immunization-preventable pneumonia or influenza, persons aged 65 years and older.

Nevada 2001	1996 U.S. Baseline	U.S. 2001	2010 Target
3.6*	10.6	11.2	8.0

These rates represent hospitalizations among persons with preventable pneumonia or influenza as the first-listed (principal) diagnosis. The rates are per 10,000 population, aged 65 years and older. The Nevada data are from Hospital Discharge Data. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are from a different source than the National and may not be comparable.

Objective (2-2.): Reduce the proportion of adults with chronic joint symptoms who experience a limitation in activity due to arthritis.

Arthritis and other rheumatic conditions affect an estimated 40 million Americans. Nearly 50% of persons 65 years of age or older have arthritis. Younger people have a lower risk of having arthritis but still comprise half of all people affected. Recent estimates place the direct medical cost of arthritis at $15.2 billion per year, with total costs of medical care and lost wages exceeding $64 billion. Research has indicated that persons with arthritis and other rheumatic conditions were significantly more likely to report no leisure time physical activity at all, and had significantly lower rates of vigorous physical activity**(3).**

Nevada 2001	1997 U.S. Baseline	U.S. 2001	2010 Target
11.4%*	28.0%	27.0%	21.0%

Nevada 2001 Percentages By Age					
18-24	25-34	35-44	45-54	55-64	65+
3.2%	5.6%	13.2%	14.0%	14.1%	15.7%

These percentages represent adults aged 18 years and older with chronic joint symptoms who report difficulty with activities due to arthritis/rheumatism. The Nevada data are from the Behavioral Risk Factor Surveillance Survey. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are from a different source than the National data and may not be comparable.

Objective (2-10.): Reduce the proportion of adults who are hospitalized for vertebral fractures associated with osteoporosis.

Osteoporosis is a disease characterized by low bone mass and structural deterioration of bone tissue, leading to bone fragility and an increased susceptibility to fractures, especially of the hip, spine, and wrist. Of the 10 million Americans estimated to have osteoporosis, eight million are women and two million are men. The estimated national direct expenditure (hospitals and nursing homes) for osteoporotic and associated fractures was $17 billion in 2001**(4).**

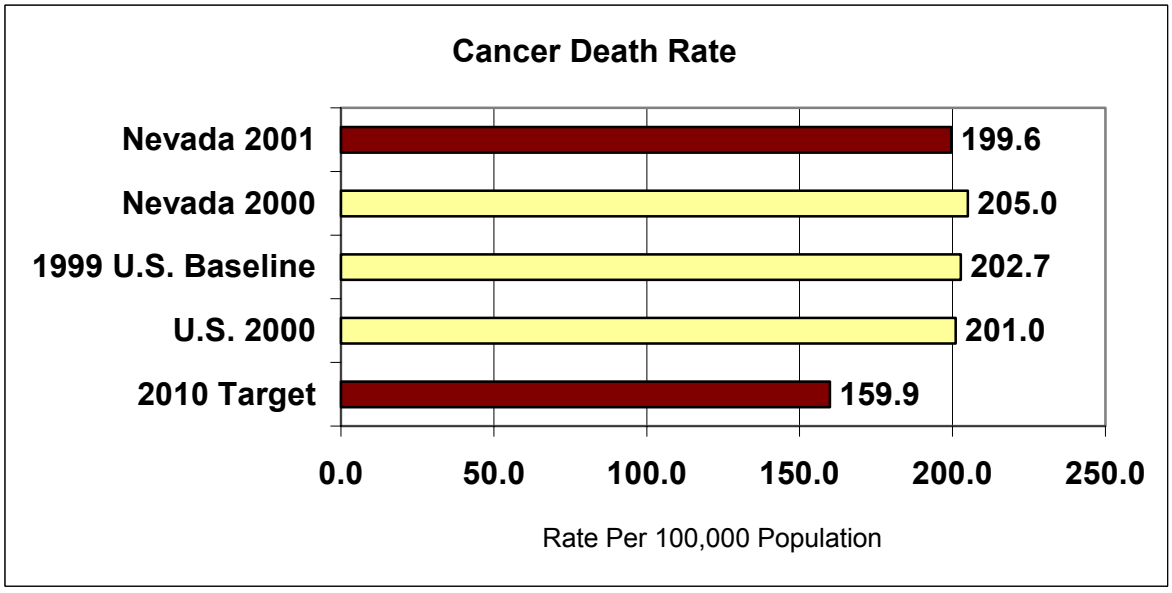
Nevada 2001	1998 U.S. Baseline	U.S. 2000	2010 Target
14.7*	17.7	16.6	14.0

These rates represent discharges from hospitals among persons aged 65 years and older for vertebral fractures. The rates are per 10,000 population aged 65 years and older. The Nevada data are from Hospital Discharge Data. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are from a different source than National data and may not be comparable.

Objective (3-1): Reduce the overall cancer death rate.

Cancer remains the second leading cause of death for adults in the United States, exceeded only by heart disease. Scientific evidence suggests that about one-third of the 553,400 cancer deaths in 2001 were related to nutrition, physical activity and other lifestyle factors and could be prevented. Nearly 80% of all cancers are diagnosed at ages 55 and older. Men have about a 1 in 2 lifetime risk of developing cancer, and for women the risk is about 1 in 3**(5).**

In 2002, the American Cancer Society estimates 9,500 Nevadans will be diagnosed with cancer, and 4,100 Nevadans will die from it. Nevada ranks 10th highest overall in cancer mortality rates among the 50 states and Washington D.C.**(6).**



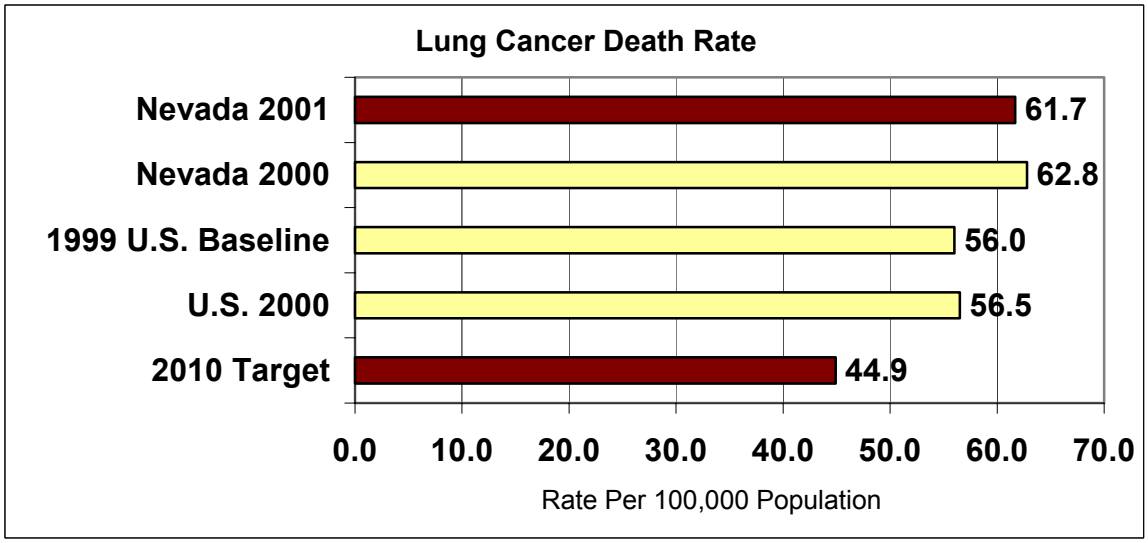
2001 By County/Region	Clark County	202.2
	Washoe County	195.3
	Rural Counties	195.2

These rates represent deaths due to cancer. The rates are age adjusted to the year 2000 and are per 100,000 population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (3-2): Reduce the lung cancer death rate.

Lung cancer is the most common cause of cancer death among both females and males in the United States. There was an estimated 157,400 lung cancer deaths in 2001, accounting for 28% of all cancer deaths. Cigarette smoking is by far the most important risk factor in the development of lung cancer. The 5 year relative survival rate for all stages of lung cancer combined is only 14%**(7).**

In 2002, the American Cancer Society estimates 1,400 new cases of lung cancer will be diagnosed among Nevadans, and 1,300 Nevadans will die from lung cancer**(8).**



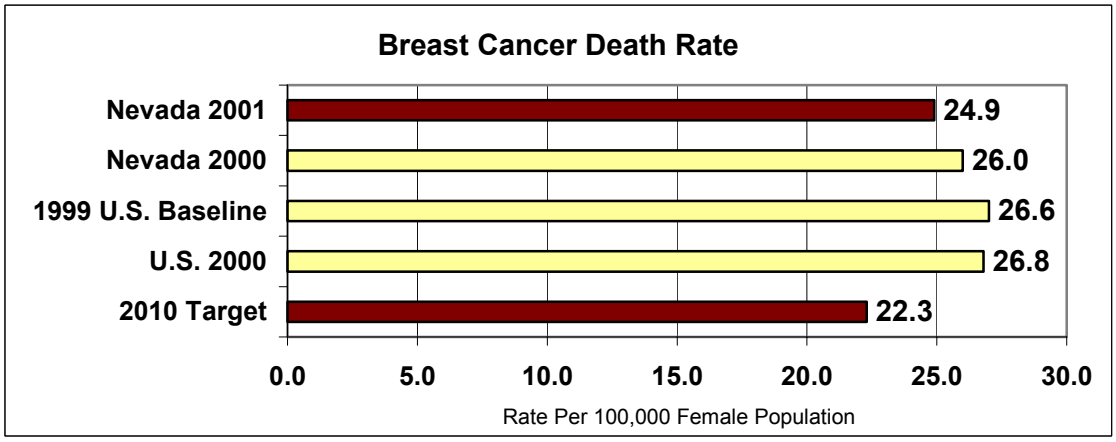
2001 By County/Region	**Clark County**	**62.9**
	Washoe County	**61.4**
	Rural Counties	**57.9**
Nevada 2001 By Race/Ethnicity	**Black**	**69.9**
	Hispanic	**11.3**
	Am. Indian	*****
	White	**67.2**
	Asian	**27.3**

*Sample size too small to provide reliable data.

These rates represent deaths due to lung cancer. The rates are age adjusted to the year 2000 and are per 100,000 population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (3-3): Reduce the breast cancer death rate.

It is estimated 40,200 females died from breast cancer in 2001 in the United States. Breast cancer ranks second among cancer deaths in women. Except for skin cancer, breast cancer is the more commonly diagnosed cancer among American women. If detected early, the 5-year survival rate for localized breast cancer is 96%**(9).** An estimated 1,500 new cases of breast cancer were diagnosed in men in 2001 in the U.S.**(10).** In 2002, the American Cancer Society estimates 1,300 new cases of breast cancer will be diagnosed among women in Nevada, 300 Nevada women will die from it**(11).**



2001 By County/Region	**Clark County**	**23.3**
	Washoe County	**26.6**
	Rural Counties	**27.6**
Nevada 2001 By Race/Ethnicity	**Black**	**32.6**
	Hispanic	**14.2**
	Am. Indian	*****
	White	**26.1**
	Asian	*****

*Sample size too small to provide reliable data.

These rates represent deaths due to breast cancer. The rates are age adjusted to the year 2000 U.S. standard population and are per 100,000 female population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

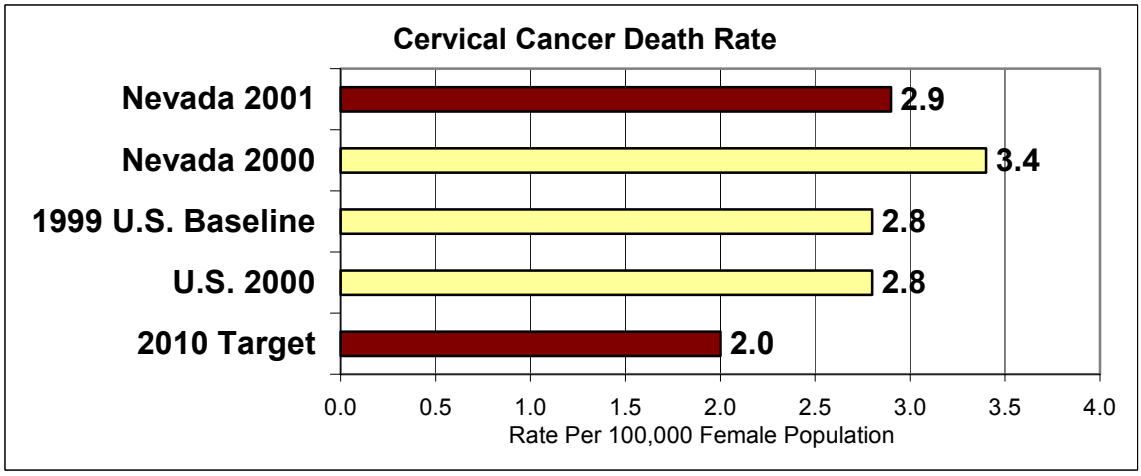
Objective (3-13): Increase the proportion of women aged 40 years and older who have received a mammogram within the preceding 2 years.

Nevada 2000	1998 U.S. Baseline	U.S 2000	2010 Target
74.4%	67%	76.1%	70%

These percentages represent women aged 40 years and older who report receiving a mammogram within the past 2 years. The Nevada and U.S. data are from the Behavioral Risk Factor Surveillance System.

Objective (3-4).: Reduce deaths from cancer of the uterine cervix.

In the United States, mortality rates for cancer of the uterine cervix have declined sharply over the past several decades. There was an estimated 4,400 cervical cancer deaths in 2001. Nationwide, Whites are more likely than Blacks to have their cancers diagnosed at an early stage. The major risk factors for cervical cancer include early age at initiation of sexual activity, multiple sexual partners, infection with human papilloma virus and cigarette smoking. The Pap test is a simple procedure that can be performed by a health care professional to screen for cervical cancer**(12).**



2001 By County/Region	Clark County	3.2
	Washoe County	*
	Rural Counties	*

*Sample size too small to provide reliable data.

These rates represent deaths due to cancer of the uterine cervix. The rates are age adjusted to the year 2000 standard population and are per 100,000 female population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (3-11b.): Increase the proportion of women aged 18 and older who received a Pap test within the preceding three years.

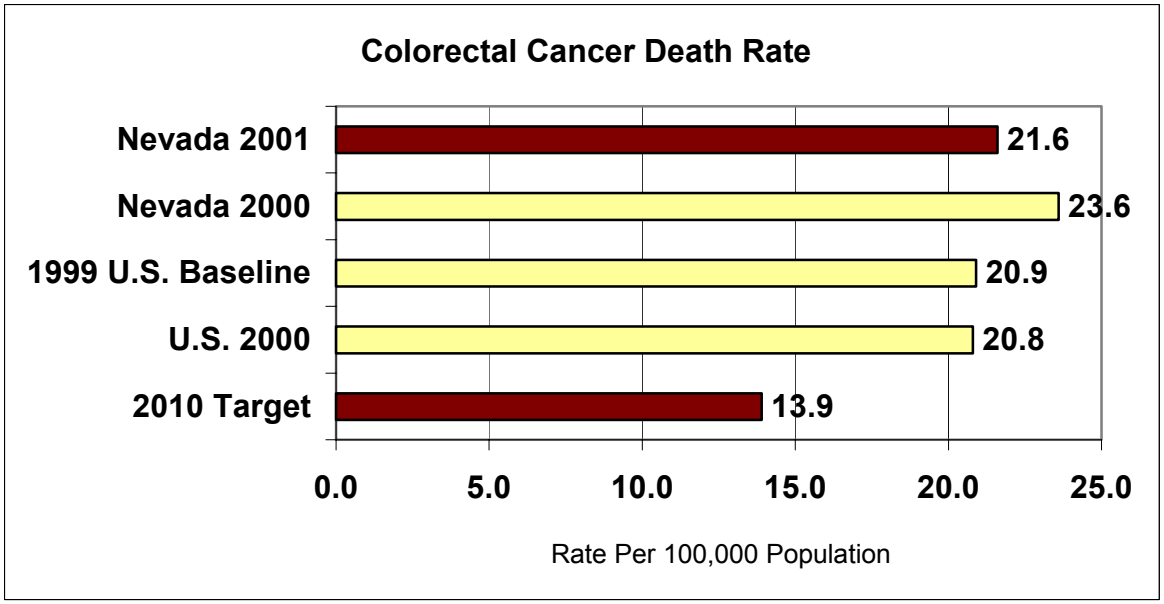
Nevada 2000	U.S. 1998 Baseline	U.S.2000	2010 Target
83.3%	79%	87.4%	90%

These percentages represent women aged 18 years and older who reported receiving a Pap test within the past 3 years. The Nevada and U.S. data are from the Behavioral Risk Factor Surveillance System.

Objective (3-5): Reduce the colorectal cancer death rate.

An estimated 56,700 deaths in the United States in 2001, attributed to colorectal cancer, accounted for about 10% of cancer deaths. Mortality rates for colorectal cancer have declined for men and women over the past 20 years, in the U.S. A personal or family history of colorectal cancer or polyps, and inflammatory bowel disease have been associated with increased colorectal cancer risk. Other possible risk factors are smoking, physical inactivity, high-fat and/or low-fiber diet and alcohol consumption.**(13)** Despite the availability of effective screening tests, colorectal cancer screening is underutilized**(14).**

The American Cancer Society estimates in 2002, 1,200 new cases of colorectal cancer will be diagnosed among men and women in Nevada, 500 men and women will die from this cancer**(15).**



2001 By County/Region	Clark County	21.6
	Washoe County	21.6
	Rural Counties	21.6

These rates represent deaths due to colorectal cancer. The rates are age adjusted to the year 2000 U.S. standard population and are per 100,000 population. The Nevada data are from Nevada Vital Statistics Records. The National data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (3-12a): Increase the proportion of adults aged 50 years and older who have received a fecal occult blood test within the preceding 2 years.

Nevada 2001	1998 U.S. Baseline	U.S. 2000	2010 Target
28.8%*	35.0%	33.0%	50.0%

These percentages represent adults aged 50 years and older who report receiving a fecal occult blood test within the preceding 2 years. The Nevada data are from the Behavioral Risk Factor Surveillance System. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are from a different source than the National and may not be comparable.

Objective (3-12b.): Increase the proportion of adults aged 50 years and older who have ever received a sigmoidoscopy.

Nevada 2001	1998 U.S. Baseline	U.S. 2000	2010 Target
45.3%*	37.0%	39.0%	50.0%

These percentages represent adults aged 50 years and older who report ever receiving a sigmoidoscopy. The Nevada data are from the Behavioral Risk Factor Surveillance System. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are from a different source than the National and may not be comparable.

Objective (3-6): Reduce the oropharyngeal cancer death rate.

There was an estimated 30,100 new cases of oropharyngeal cancer, with an estimated 7,800 deaths in the U.S. in 2001. Incidence rates are more than twice as high in men as in women and are greatest in men who are over age 40**(16).** About 90% of people with oropharyngeal cancer use tobacco. The risk of developing this cancer increases with the amount smoked or chewed and the duration of the habit. Smokeless tobacco increases the risk of this cancer by about 50 times. About 75% to 80% of all people with oropharyngeal cancer frequently consume alcohol**(17).**

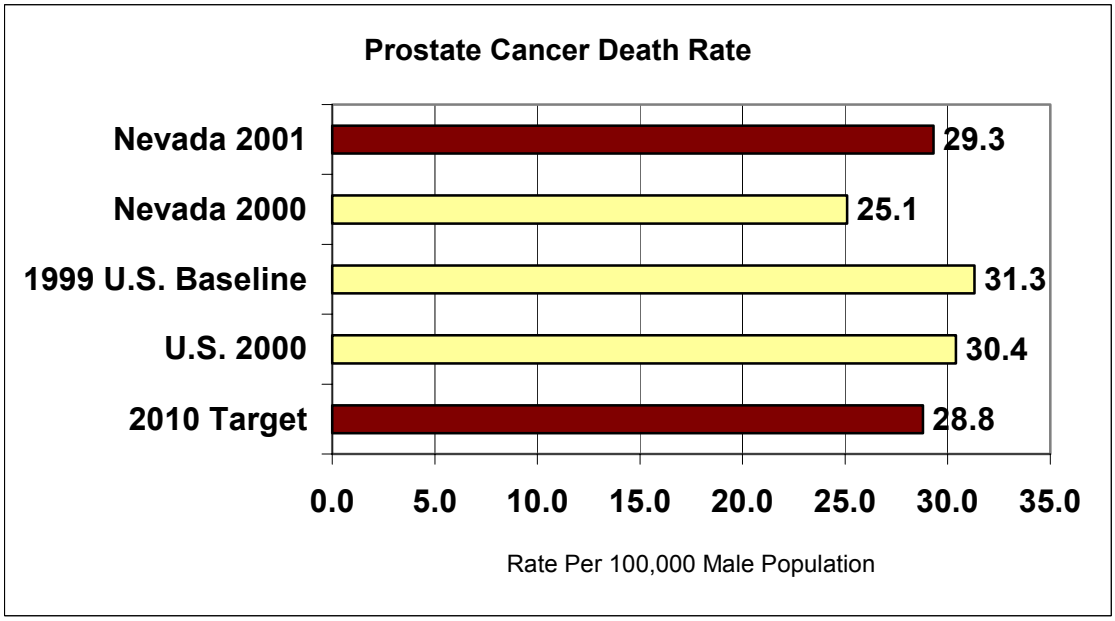
Nevada 2001	1999 U.S. Baseline	U.S. 2000	2010 Target
2.5	2.8	2.7	2.7
2001 By County/Region	Clark County		2.4
	Washoe County		3.0
	Rural Counties		2.3

These rates represent deaths due to oropharyngeal cancer. The rates are age adjusted to the year 2000 and are per 100,000 population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (3-7.): Reduce the prostate cancer death rate.

Prostate cancer is the second leading cause of cancer death in men in the U.S., accounting for an estimated 31,500 deaths in 2001. Substantial changes in prostate cancer incidence have occurred since the utilization of the prostate-specific antigen (PSA) blood test. The incidence of prostate cancer increases with age, more than 70% of all diagnosed prostate cancers are in men aged 65 years of age or older. According to the most recent data, 72% of men diagnosed with prostate cancer survive 10 years and 53% survive 15 years**(18)**.

The American Cancer Society estimates in 2002, 1,400 new cases of prostate cancer will be diagnosed among men in Nevada, and 200 Nevada men will die from this cancer**(19).**

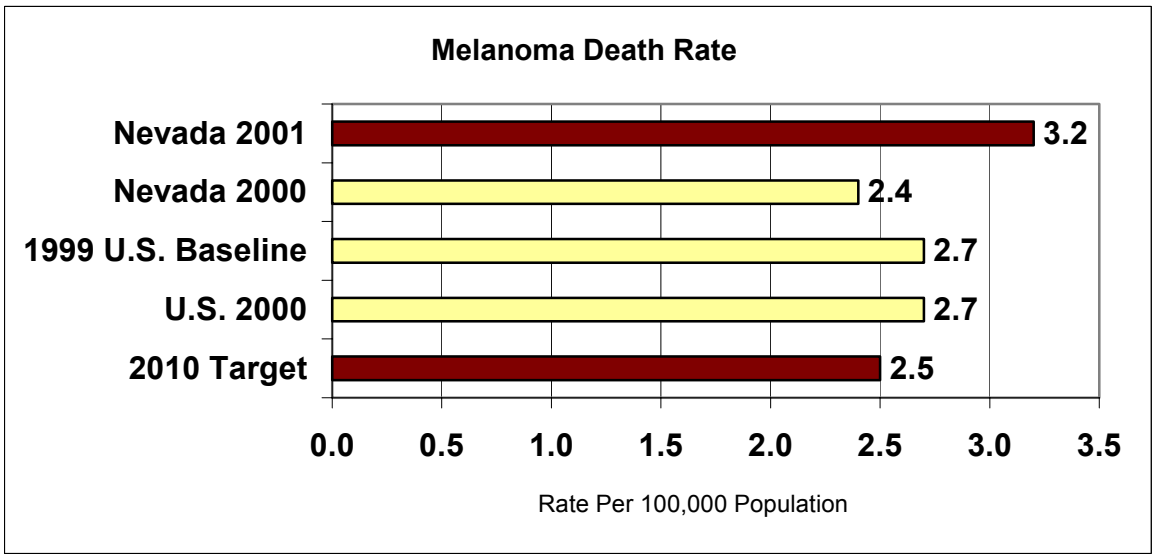


2001 By County/Region	Clark County	30.0
	Washoe County	29.4
	Rural Counties	25.7

These rates represent deaths due to prostate cancer. The rates are age adjusted to the year 2000 U.S. standard population and are per 100,000 male population. The Nevada data are from Nevada Vital Statistics Records. The National data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (3-8): Reduce the rate of melanoma cancer deaths.

The most serious form of skin cancer is melanoma, and is expected to be diagnosed in about 51,400 people in the U.S. in 2001. Since 1981, the incidence rate of melanoma has increased about 3% per year on average to a rate of 14.3 per 100,000 in 1997. Excessive exposure to ultraviolet radiation, fair complexion, occupational exposure to coal, tar, pitch, creosote, arsenic compounds or radium, a family history and multiple moles are risk factors for melanoma. Melanoma can spread to other parts of the body quickly. The 5-year relative survival rate for persons with melanoma is 88%. About 82% of melanomas are diagnosed at a localized stage**(20).**



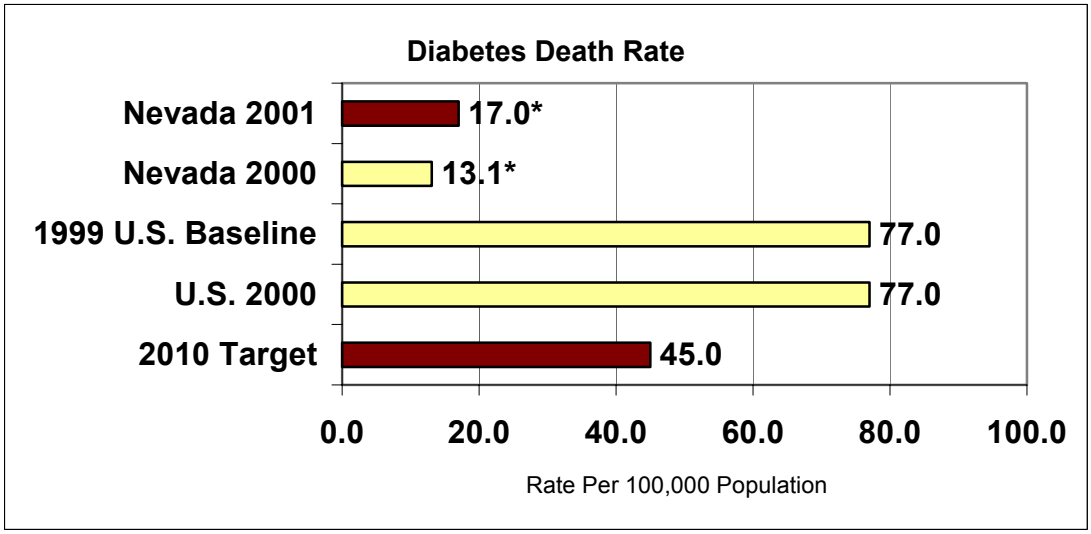
2001 By County/Region			Clark County			2.7
			Washoe County			4.5
			Rural Counties			3.8
Nevada 2001 Rates By Age						
18-24	25-34	35-44	45-54	55-64	65-74	75+
*	*	2.1	3.8	4.8	6.5	21.5

*Sample size too small to provide reliable data.

These rates represent deaths due to melanoma cancer. The rates are age adjusted to the year 2000 and are per 100,000 population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (5-5.): Reduce the diabetes death rate.

Diabetes is the sixth leading cause of death in America. The risk for premature death among people with diabetes is about 2 times that of people without diabetes. Diabetes can cause heart disease, stroke, high blood pressure, blindness, kidney disease, nervous system disease, amputations, and dental disease. About one million people, aged 20 years or older are diagnosed with diabetes per year. Many decedents with diabetes do not have the disease entered on their death certificates; only about 35% to 40% have it listed anywhere on the certificate and only about 10% to 15% have it listed as the underlying cause of death**(21).**



*The National data includes multiple causes of death. The Nevada data only includes underlying causes of deaths.

2001 By County/Region	**Clark County**	**14.9**
	Washoe County	**14.8**
	Rural Counties	**27.4**
Nevada 2001 By Race/Ethnicity	**Black**	**32.3**
	Hispanic	**8.7**
	Am. Indian	**34.6**
	White	**17.0**
	Asian	**8.7**

Nevada 2001 Rates By Age						
18-24	**25-34**	**35-44**	**45-54**	**55-64**	**65-74**	**75+**
**	**2.2**	**3.0**	**12.1**	**30.5**	**51.2**	**134.9**

**Sample size too small to provide reliable data.

These rates represent deaths due to diabetes. The rates are age adjusted to the year 2000 and are per 100,000 population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (5-1.): Increase the proportion of persons with diabetes who receive formal diabetes education.

Nevada 2001	1998 U.S. Baseline	U.S. 1999	2010 Target
65.2%*	45.0%	55.0%	60.0%

These percentages represent persons aged 18 years and older who report that they have been diagnosed with diabetes, and have taken a course or class in diabetes self-management. The Nevada data are from the Behavioral Risk Factor Surveillance System. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are from a different source than the National data and may not be comparable.

Objective (5-3.): Reduce the overall rate of diabetes that is clinically diagnosed.

Nevada 2001	Nevada 2000	1997 U.S. Baseline	U.S. 2001	2010 Target
57	67	40	65	25

These rates represent persons aged 18 years and older, who report ever being diagnosed with diabetes. The rate is per 1,000 population aged 18 years and over. The Nevada and U.S. data are from the Behavioral Risk Factor Surveillance System.

Objective (5-12.): Increase the proportion of adults with diabetes who have a glycosylated hemoglobin measurement at least two times a year.

Nevada 2001	2000 U.S. Baseline	U.S. 2001	2010 Target
71.2%	59.0%	61.0%	50.0%

These percentages represent persons aged 18 years and older who report that they have ever been diagnosed with diabetes and report that a doctor, nurse or other health professional has checked the respondent's glycosylated hemoglobin (HbA1C) at least two times in the past year. The Nevada and U.S. data are from the Behavioral Risk Factor Surveillance System.

Objective (5-13.): Increase the proportion of adults with diabetes who have an annual dilated eye examination.

Nevada 2001	Nevada 2000	1998 U.S. Baseline	U.S. 1999	2010 Target
61.3%*	79.0%	49.0%	61.0%	75.0%

These percentages represent persons aged 18 years and older who report that they have ever been told by a doctor that they have diabetes and report that they had a dilated eye examination in the past year. The Nevada data are from the Behavioral Risk Factor Surveillance System. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are from a different source than the National data and may not be comparable.

Diabetes

Objective (5-14.): Increase the proportion of adults with diabetes who have at least an annual foot examination.

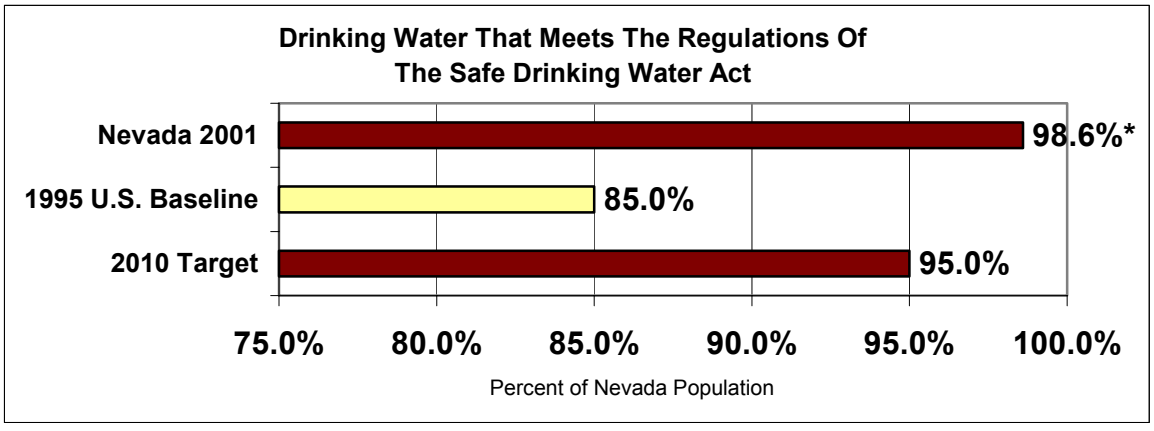
Nevada 2001	1998 U.S. Baseline	U.S. 2001	2010 Target
70.9%	68%	65%	75%

These percentages represent persons aged 18 years and older who report that they have been diagnosed with diabetes who report that they have seen a health professional for diabetes and have had their feet checked for any sores and irritations. The data are from the Behavioral Risk Factor Surveillance System.

Environmental Health

Objective (8-5.): Increase the proportion of persons served by community water systems who receive a supply of drinking water that meets the regulations of the Safe Drinking Water Act.

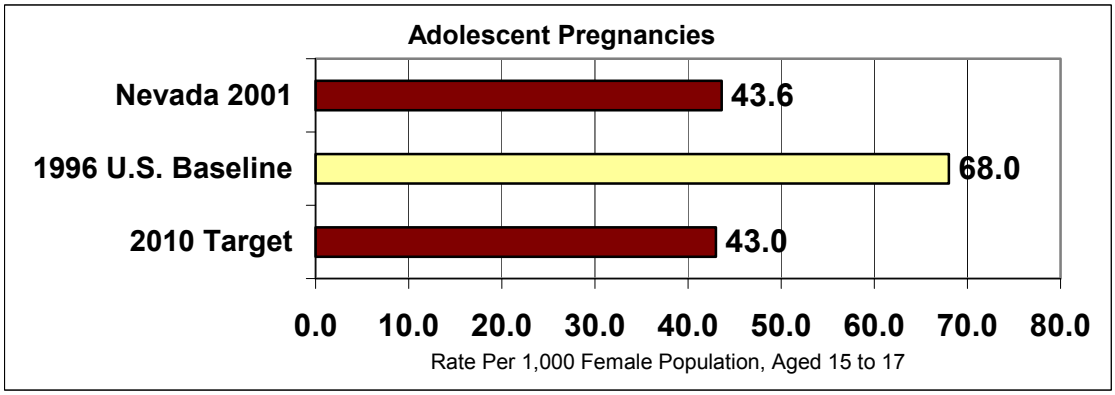
Under the authority of the Safe Drinking Water Act (SDWA), the Environmental Protection Agency (EPA) sets standards for approximately 90 contaminants in drinking water. For each of these contaminants, EPA sets a legal limit, called a maximum contaminant level, or requires a certain treatment. There are almost 170,000 public water systems in the United States**(22).** There were 1,922,675 people in Nevada served by community water supplies in 2001.



These percentages represent the number of persons in Nevada and the U.S. served by community water supply utilities that do not have violations of the Safe Water Drinking Water Act Regulation. The violations of the Safe Drinking Water Act are limited to those related to the Maximum Contaminant Levels for specific contaminants. The number of contaminants monitored has changed over time, which affects trends. The Nevada data are from the Nevada State Health Division, Bureau of Health Protection Services. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are from a different data source than the National data and may not be comparable.

Objective (9-7.): Reduce pregnancies among adolescent females.

Pregnant teens are least likely of all maternal age groups to get early and regular prenatal care. A teenage mother is at greater risk than women over age 20 for pregnancy complications, such as premature labor, anemia and high blood pressure. Teen mothers are more likely to drop out of high school than girls who delay childbearing. Teen mothers are more likely to live in poverty than women who delay childbearing, and nearly 75 percent of all unmarried teen mothers go on welfare within 5 years of the birth of their first child**(23).** The cost to U.S. taxpayers for adolescent pregnancies is estimated between $7 billion and $15 billion a year**(24)**.



2001 By County/Region	**Clark County**	**44.9**
	Washoe County	**48.1**
	Rural Counties	**32.5**
Nevada 2001 By Race/Ethnicity	**Black**	**77.7**
	Hispanic	**55.9**
	Am. Indian	**33.6**
	White	**33.6**
	Asian	**34.0**

These rates represent adolescent pregnancies, per 1,000 female population, aged 15 to 17. The Nevada data are from Nevada Vital Statistics Records and abortion records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Reduce live births among adolescent females aged 15-17.

Nevada 2001	Nevada 2000	2010 Nevada Target
29.1	**33.5**	**25.0**

2001 By County/Region	**Clark County**	**30.4**
	Washoe County	**29.2**
	Rural Counties	**22.6**

These rates represent the Nevada rate of live births per 1000 female population, aged 15-17. The Nevada data are from Nevada Vital Statistics Records.

Objective (9-8a.): Increase the proportion of females who have never engaged in sexual intercourse before age 15.

Nevada 2001	1995 U.S. Baseline	2010 Target
76.8%*	81%	88%

These percentages represent females, who never had sexual intercourse with a male before age 15. Females are considered to have never had sexual intercourse before age 15 if they report that they either never had sexual intercourse with a male or their age at first intercourse was greater than 15 years. The Nevada data are from the Youth Risk Behavior Survey. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are from a different source and age group (females 15 to 18 years old) than the National data (females 15 to 19 years old) and may not be comparable.

Objective (9-8b): Increase the proportion of males who have never engaged in sexual intercourse before age 15.

Nevada 2001	1995 U.S. Baseline	2010 Target
72.6%*	79%	88%

These percentages represent males, who never had sexual intercourse with a female before age 15. Males are considered to have never had sexual intercourse before age 15 if they report that they either never had sexual intercourse with a female or their age at first intercourse was greater than 15 years. The Nevada data are from the Youth Risk Behavior Survey. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are from a different source and age group (males 15 to 18 years old) than the National data (males 15 to 19 years old) and may not be comparable.

Objective (9-9a): Increase the proportion of females, aged 15 to 17 years, who have never engaged in sexual intercourse.

Nevada 2001	1995 U.S. Baseline	2010 Target
52.6%*	62%	75%

These percentages represent females, aged 15 to 17 years, who had never had sexual intercourse with a male. The Nevada data are from the Youth Risk Behavior Survey. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are from a different source than the National data and may not be comparable.

Objective (9-9b): Increase the proportion of males, aged 15 to 17 years, who have never engaged in sexual intercourse.

Nevada 2001	1995 U.S. Baseline	2010 Target
52.5%*	57%	75%

These percentages represent males, aged 15 to 17 years, who had never had sexual intercourse with a female. The Nevada data are from the Youth Risk Behavior Survey. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are from a different source than the National data and may not be comparable.

Objective (10-1): Reduce infections caused by key foodborne pathogens.

Foodborne disease is caused by consuming contaminated foods or beverages. Many different disease-causing microbes or pathogens can contaminate foods, so there are many different foodborne infections. More than 250 different foodborne diseases have been described. Because many ill persons to not seek medical attention, and of those that do, many are not tested, many cases of foodborne illness go undiagnosed. The Centers for Disease Control and Prevention (CDC) estimates that 38 cases of salmonellosis actually occur for every case that is actually diagnosed and reported to public health authorities. An estimated 76 million cases of foodborne disease occur each year in the United States. The most commonly recognized foodborne infections are those caused by bacteria such as *Campylobacter, Salmonella,* and *E.Coli* O157:H7, and by viruses called calcivirus, also known as the Norwalk and Norwalk-like viruses. The most severe cases tend to occur in the very old, the very young, those who have an illness already that reduces their immune system function, and in healthy people exposed to a very high dose of an organism**(25).**

Objective (10-1a.): Campylobacter species.

Nevada 2001	1997 U.S. Baseline	U.S. 2000	2010 Target
9.2	24.6	18.9	12.3

These rates represent culture-confirmed cases of illness caused by campylobacter species. The rate is per 100,000 population. The Nevada data are from the State of Nevada Health Division, Bureau of Community Health. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (10-1b.): Escherichia Coli 0157:H7.

Nevada 2001	1997 U.S. Baseline	U.S. 2000	2010 Target
0.8	2.1	2.8	1.0

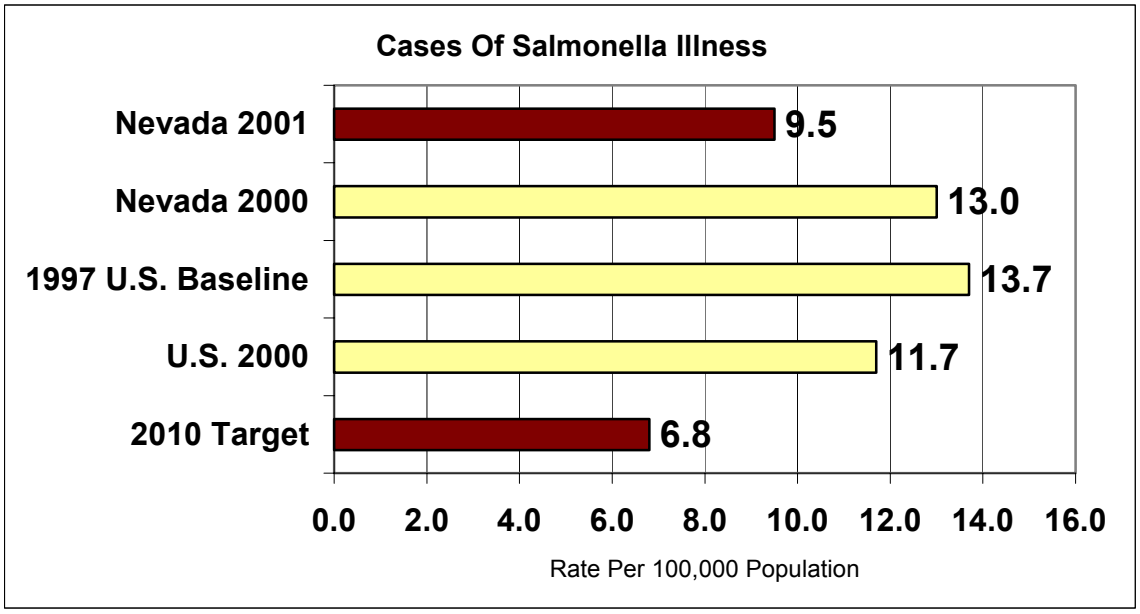
These rates represent culture-confirmed cases of illness caused by Escherichia Coli 0157:H7. The rate is per 100,000 population. The Nevada data are from the State of Nevada Health Division, Bureau of Community Health. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (10-1c): Listeria monocytogenes.

Nevada 2001	1997 U.S. Baseline	U.S. 2000	2010 Target
0.3	0.5	0.3	0.25

These rates represent culture-confirmed cases of illness caused by Listeria monocytogenes. The rate is per 100,000 population. The Nevada data are from the State of Nevada Health Division, Bureau of Community Health. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

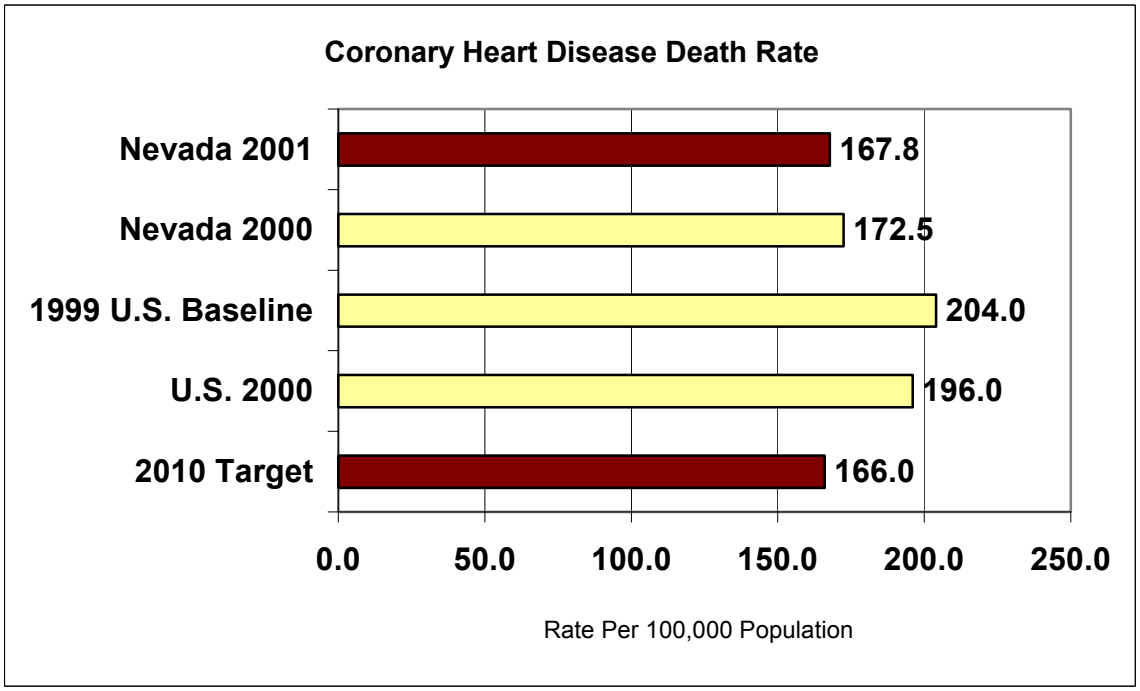
Objective (10-1d.): Salmonella species.



These rates represent culture-confirmed cases of illness caused by Salmonella species. The rate is per 100,000 population. The Nevada data are from the State of Nevada Health Division, Bureau of Community Health. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (12-1): Reduce coronary heart disease deaths.

Coronary heart disease caused more than 1 of every 5 deaths in the United States in 2000. About every 29 seconds an American will suffer a coronary event, and about every minute someone will die from one. 84 percent of people who die of coronary heart disease are age 65 or older. Yearly totals of sudden cardiac death in people aged 15 to 34 rose from 2,719 in 1989 to 3,000 in 1996. Though the numbers are small, the death rate increased by 30 percent in young women. About 80 percent of coronary heart disease mortality in people under age 65 occurs during the first attack. People who have had a heart attack have a sudden death rate that is 4-6 times that of the general population. Within 6 years after a recognized heart attack 7 percent of men and 6 percent of women will experience sudden death. 50 percent of men and 63 percent of women who died suddenly of coronary heart disease had no previous symptoms of this disease. In 1998, $10.6 billion was paid to Medicare beneficiaries for coronary heart disease. From 1979 to 2000 the number of Americans discharged from short-stay hospitals with coronary heart disease as the first listed diagnosis increased 17.7 percent**(26).**



2001 By County/Region	Clark County	164.8
	Washoe County	199.9
	Rural Counties	146.7
Nevada 2001 By Race/Ethnicity	Black	221.7
	Hispanic	91.4
	Am. Indian	111.0
	White	174.8
	Asian	94.8

Nevada 2001 Rates By Age							
15-19	20-24	25-34	35-44	45-54	55-64	65-74	75+
0	0	4.8	17.3	76.0	232.8	491.1	1534.2

These rates represent deaths due to coronary heart disease. The rates are age adjusted to the year 2000 and are per 100,000 population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (12-6a.): Reduce hospitalizations of older adults with congestive heart failure as the principal diagnosis, adults aged 65 to 74 years.

Nevada 2001	1997 U.S. Baseline	U.S. 1999	2010 Target
7.6*	13.2	12.3	6.5

These rates represent discharges among adults with a principal diagnosis of congestive heart failure. The rate is per 1,000 population, aged 65 to 74 years. The Nevada data are from Hospital Discharge Data. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are from a different source than the National data and may not be comparable.

Objective (12-6b.): Reduce hospitalizations of older adults with congestive heart failure as the principal diagnosis, adults aged 75 to 84 years.

Nevada 2001	1997 U.S. Baseline	U.S. 1999	2010 Target
16.6*	26.7	27.1	13.5

These rates represent discharges among adults with a principal diagnosis of congestive heart failure. The rate is per 1,000 population, aged 75 to 84 years. The Nevada data are from Hospital Discharge Data. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are from a different source than the National data and may not be comparable.

Objective (12-6c.): Reduce hospitalizations of older adults with congestive heart failure as the principal diagnosis, adults aged 85 years and older.

Nevada 2001	1997 U.S. Baseline	U.S. 1999	2010 Target
33.2*	52.7	50.4	26.5

These rates represent discharges among adults with a principal diagnosis of congestive heart failure. The rate is per 1,000 population, aged 85 years and older. The Nevada data are from Hospital Discharge Data. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are from a different source than the National data and may not be comparable.

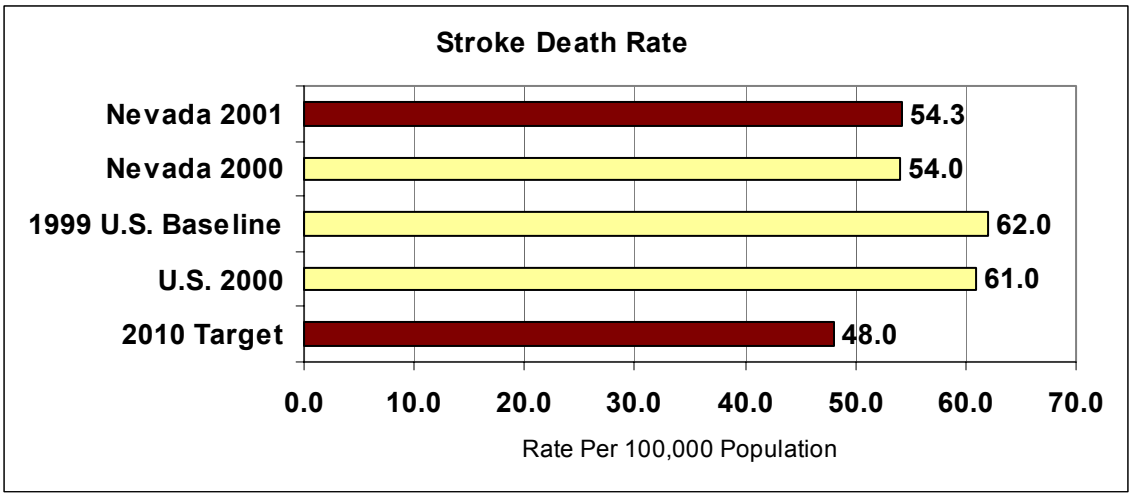
Objective (12-9.): Reduce the proportion of adults with high blood pressure.

Nevada 2001	1988-94 U.S. Baseline	U.S. 2001	2010 Target
25.6%	28.0%	25.6%	16.0%

These percentages represent adults aged 20 years and older, who report being told by a health professional that they have high blood pressure. The Nevada and U.S. data are from the Behavioral Risk Factor Surveillance System.

Objective (12-7): Reduce stroke deaths.

On average, every 45 seconds, someone in the United States has a stroke. Stroke accounted for about 1 of every 14 deaths in the United States in 2000. Each year about 40,000 more women than men have a stroke. This is because the average life-expectancy for women is greater than for men, and the highest rates for stroke are in the oldest age groups. Blacks have almost twice the risk of first-ever stroke compared with Whites. Stroke is the leading cause of serious, long-term disability in the United States. In 1998, $3.6 billion was paid to Medicare beneficiaries discharged from short-stay hospitals for stroke**(27).**



2001 By County/Region	Clark County	56.3
	Washoe County	49.1
	Rural Counties	51.7
Nevada 2001 By Race/Ethnicity	Black	89.2
	Hispanic	43.2
	Am. Indian	43.2
	White	53.6
	Asian	29.5

Nevada 2001 Rates By Age							
0-17	18-24	25-34	35-44	45-54	55-64	65-74	75+
0.6	1.9	1.3	7.8	14.9	44.1	132.0	566.3

These rates represent deaths due to stroke. The rates are age adjusted to the year 2000 and are per 100,000 population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (12-14.): Reduce the proportion of adults with high total blood cholesterol levels.

Nevada 2001	1998-94 U.S. Baseline	U.S. 2001	2010 Target
36.9%	21.0%	30.2%	17.0%

These percentages represent adults aged 20 years and older who report being told by a health professional that they have high cholesterol. The Nevada and U.S. data are from the Behavioral Risk Factor Surveillance System.

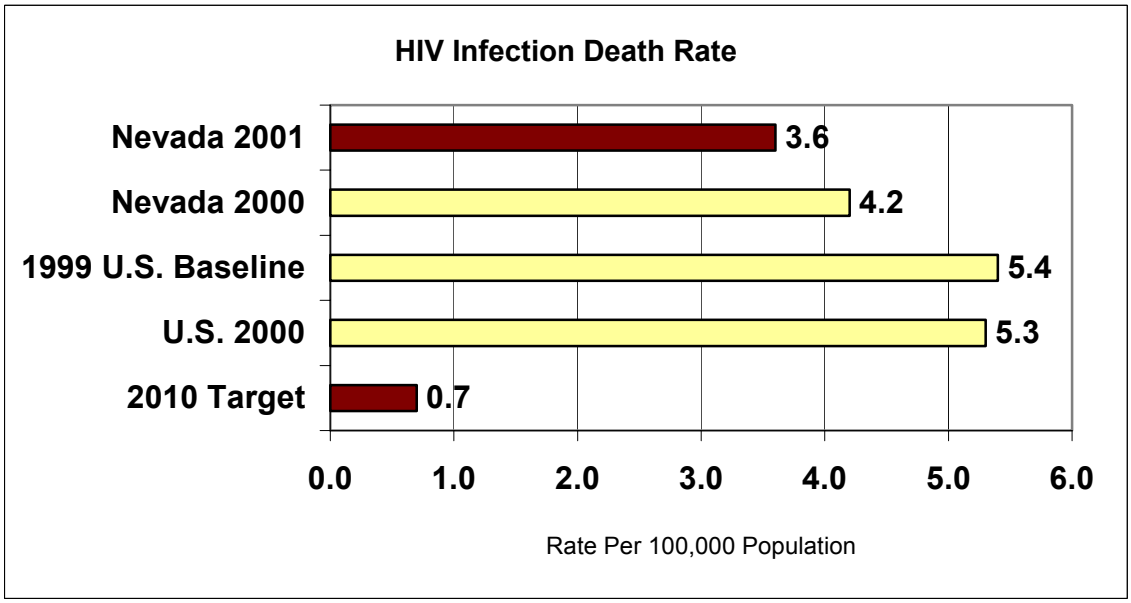
Objective (12-15.): Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.

Nevada 2001	1997 U.S. Baseline	2010 Target
73.3%*	67.0%	80.0%

These percentages represent adults age 18 years and older who report they have had their blood cholesterol checked within the preceding 5 years. The Nevada data are from the Behavioral Risk Factor Surveillance System. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are from a different source than the National data and may not be comparable.

Objective (13-14): Reduce deaths from HIV infection.

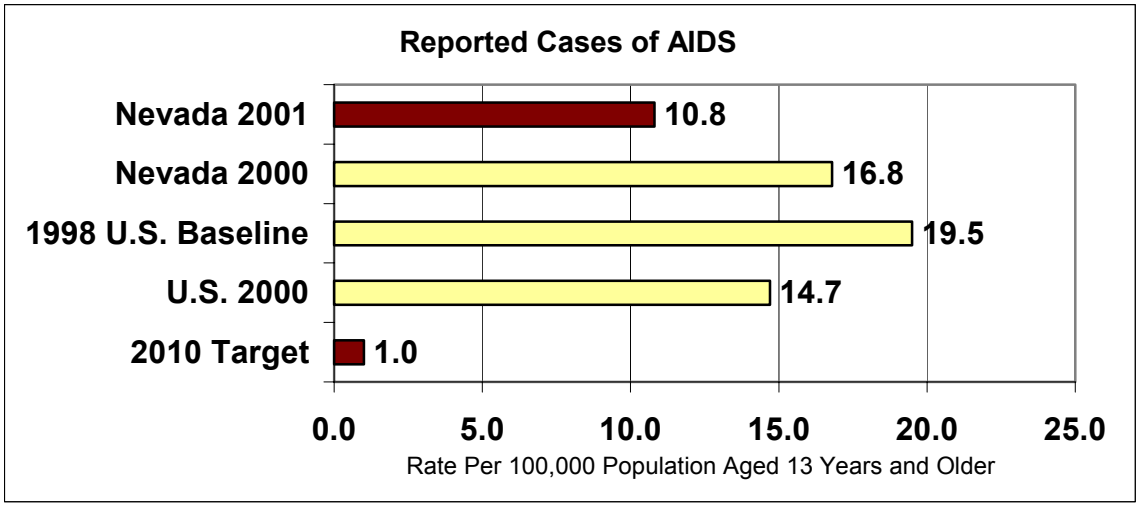
From 1996 through 1997, the number of deaths among persons with AIDS declined sharply and continued to decline each year through 2001. AIDS prevalence has increased steadily over time. At the end of 2001, approximately 362,827 persons in the United States were living with AIDS. Through December 2001, 807,075 adults/adolescents had been reported as having AIDS, of these, 462,653 (57%) had died. Through December 2001, a total of 9,074 children (<13 years of age) had been reported as having AIDS; of these, 5,257 (58%) had died. During 2001, 175 new cases of AIDS in children were reported. Of these, 150 (86%) were attributed to perinatal exposure**(28).**



2001 By County/Region			Clark County			4.5
			Washoe County			1.6
			Rural Counties			1.4
Nevada 2001 Rates By Age						
18-24	25-34	35-44	45-54	55-64	65-74	75+
0.5	1.9	9.5	5.9	5.8	4.3	2.0

These rates represent deaths due to HIV infection. The rates are age adjusted to the year 2000 and are per 100,000 population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (13-1): Reduce AIDS among adolescents and adults, aged 13 and older.



2001 By County/Region	Clark County	12.9
	Washoe County	8.5
	Rural Counties	2.7

In 2001, there were 230 reported cases of AIDS among Nevadans, aged 13 and older. These rates represent reported AIDS cases among adolescents and adults aged 13 years and older. The rate is per 100,000 population aged 13 years and older. The Nevada data are from the Nevada State Health Division, Bureau of Community Health. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (13-3): Reduce the number of new AIDS cases among females and males who inject drugs.

Nevada 2001	Nevada 2000	Nevada 2010 Target	1998 U.S. Baseline	U.S. 2000	2010 Target
35	41	64*	12,099	10,988	9,075

*The Nevada 2010 Target was calculated by applying the percentage (0.71%) of Nevada's 2000 population (1,998,257) to the U.S. 2000 population (281,421,906) to the 2010 Target.

These rates represent the number of reported AIDS cases among persons aged 13 and older who inject drugs. The Nevada data are from the Nevada State Health Division, Bureau of Community Health. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (14-3): Reduce Hepatitis B.

In 2001, an estimated 78,000 persons in the U.S. were infected with hepatitis B virus (HBV). People of all ages get hepatitis B and about 5,000 die per year of the sickness caused by HBV. You can get HBV by direct contact with blood or body fluids of an infected person. You can become infected by having sex or sharing needles with an infected person. A baby can get HBV from an infected mother during childbirth. HBV is not spread through food or water or by casual contact**(29)**.

Objective (14-3a.): Reduce hepatitis B among persons aged 19 to 24 years.

Nevada 2001	1997 U.S. Baseline	2010 Target
2.2	24.0	2.4

These rates represent estimated cases of hepatitis B. The rate is per 100,000 population, aged 19 to 24 years. The Nevada data are from the Nevada State Health Division, Bureau of Community Health. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (14-3b.): Reduce hepatitis B among persons aged 25 to 39 years.

Nevada 2001	1997 U.S. Baseline	2010 Target
5.6	20.2	5.1

These rates represent estimated cases of hepatitis B. The rate is per 100,000 population, aged 25 to 39 years. The Nevada data are from the Nevada State Health Division, Bureau of Community Health. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

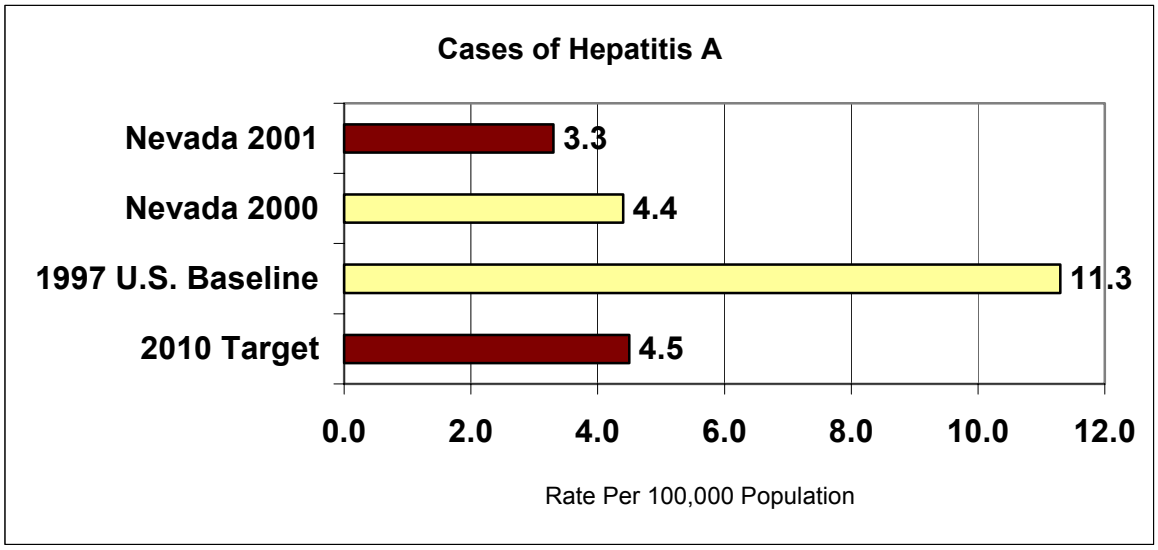
Objective (14-3c.): Reduce hepatitis B among persons aged 40 years and older.

Nevada 2001	1997 U.S. Baseline	2010 Target
2.3	15.0	3.8

These rates represent estimated cases of hepatitis B. The rate is per 100,000 population, aged 40 years and older. The Nevada data are from the Nevada State Health Division, Bureau of Community Health. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (14-6): Reduce Hepatitis A.

Hepatitis A is a liver disease caused by the hepatitis A virus (HAV). HAV is usually spread from person to person by putting something in the mouth (even though it may look clean) that has been contaminated with the stool of a person with hepatitis A. You can get HAV by swallowing contaminated water or ice, eating raw shellfish harvested from sewage-contaminated water, and eating fruits and vegetables, or other foods that may become contaminated during handling. Casual contact as in the usual office, factory, or school setting does not spread the virus. HAV causes no long-term liver damage and usually does not cause death. Hepatitis A vaccines provide long-term protection against hepatitis A and are licensed for use in persons 2 years of age and older**(30).**

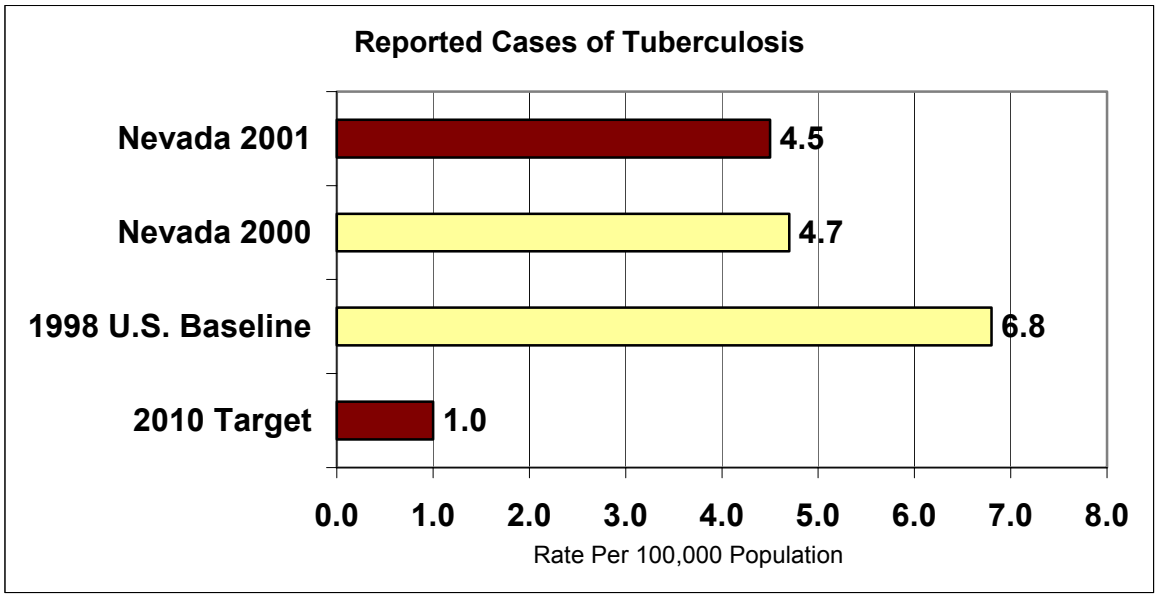


2001 By County/Region	Clark County	3.3
	Washoe County	3.4
	Rural Counties	3.1

These rates represent symptomatic cases of hepatitis A. The rate is per 100,000 population. The Nevada data are from the Nevada State Health Division, Bureau of Community Health. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (14-11): Reduce tuberculosis.

In 2001, the number of active tuberculosis (TB) (infection with full-blown disease symptoms) has decreased for the ninth straight year. In addition to those with active TB, an estimated 10 to 15 million people in the United States are infected with M.tuberculosis without displaying symptoms (latent TB) and about one in ten of these individuals will develop active TB at some time in their lives. TB is primarily an airborne disease. The disease is spread from person to person in tiny microscopic droplets when a TB sufferer coughs, sneezes, speaks, sings or laughs. Only people with active disease are contagious. It usually takes lengthy contact with someone with active TB before a person can become infected. Adequate ventilation is the most important measure to prevent the transmission of TB**(31).**



2001 By County/Region	Clark County	4.6
	Washoe County	6.8
	Rural Counties	1.4

These rates represent new reported cases of tuberculosis. The rate is per 100,000 population. The Nevada data are from the Nevada State Health Division, Bureau of Community Health. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (14-7.): Reduce meningococcal disease.

Nevada 2001	1997 U.S. Baseline	2010 Target
0.4	1.3	1.0

These rates represent new laboratory-confirmed meningococcal disease cases. The rate is per 100,000 population. The Nevada data are from the Nevada State Health Division Bureau of Community Health. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (14-8.): Reduce Lyme disease.

Nevada 2001	1997 U.S. Baseline	2010 Target
0.2*	17.4	9.7

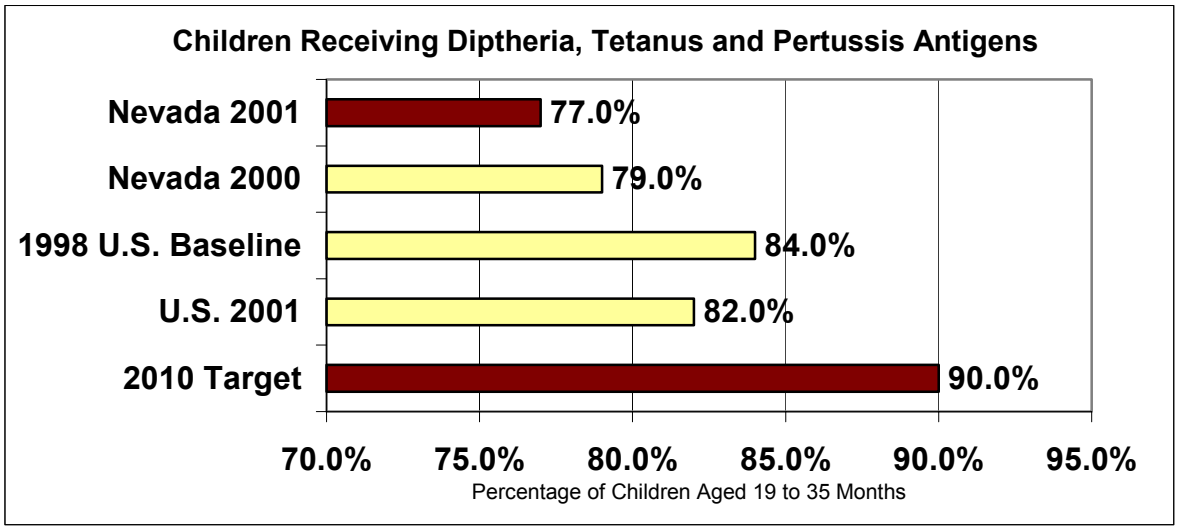
These rates represent reported Lyme disease cases. The rate is per 100,000 population, 5 year average. The Nevada data are from the Nevada State Health Division, Bureau of Community Health. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data include the years 1997-2001, and the National data include the years 1992-1996 in endemic regions. The State data may not be comparable to the National data.

Objective (14-22): Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children.

Vaccines help prevent infectious diseases and save lives. Vaccines are responsible for the control of many infectious diseases that once were common in this country, including polio, measles, diphtheria, pertussis (whooping cough), rubella (German measles), mumps, tetanus, and Haemophilus influenzae type b (Hib). Immunizing individual children helps to protect the health of the entire community, even those people who are not immunized. Immunization slows down or stops disease outbreaks. Vaccine preventable diseases have a costly impact from doctor visits, hospitalizations and premature deaths. Even though the U.S. has near record low cases of vaccine preventable diseases, the viruses and bacteria that cause these diseases still exist**(32).**

The Nevada data on childhood immunizations are from the Nevada State Health Division, Bureau of Community Health. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (14-22a.): 4 doses of diptheria-pertussis-tetanus (DPT).



These percentages represent children aged 19 to 35 months receiving at least four or more doses of the combination of diptheria, tetanus and pertussis antigens.

Objective (14-22b.): 3 doses of Haemophilus influenzae type b (Hib) vaccine.

Nevada 2001	1998 U.S. Baseline	U.S. 2001	2010 Target
84.3%	93%	93%	90%

These percentages represent children aged 19 to 35 months receiving at least three doses of the *Haemophilus influenzae* B antigen.

Objective (14-22c.): 3 doses of hepatitis B (hep B) vaccine.

Nevada 2001	1998 U.S. Baseline	U.S. 2001	2010 Target
81.6%	87%	89%	90%

These percentages represent children aged 19 to 35 months receiving at least three doses of the Hepatitis B antigen.

Objective (14-22d.): 1 dose of measles-mumps-rubella (MMR) vaccine.

Nevada 2001	Nevada 2000	1998 U.S. Baseline	U.S. 2001	2010 Target
86.8%	88%	92%	91%	90%

These percentages represent children aged 19 to 35 months receiving at least one dose of the combination of measles, mumps and rubella antigens.

Objective (14-22e.): 3 doses of polio vaccine.

Nevada 2001	Nevada 2000	1998 U.S. Baseline	U.S. 2001	2010 Target
87.5%	87%	91%	89%	90%

These percentages represent children aged 19 to 35 months receiving at least three doses of the polio antigen.

Objective (14-22f.): 1 dose of varicella vaccine.

Nevada 2001	1998 U.S. Baseline	U.S. 2001	2010 Target
70.2%	43%	76%	90%

These percentages represent children aged 19 to 35 months receiving at least one dose of the varicella antigen.

4 doses of DPT, 3 doses of polio, and 1 dose of MMR.

Nevada 2001	Nevada 2000	Nevada 2010 Target
73.9%	75%	90%

These percentages represent children aged 19 to 35 months receiving at least four doses of the diptheria-tetanus-pertussis antigens, at least 3 doses of the polio antigen and at least one dose of the mumps-measles-rubella antigen.

Objective (14-29.): Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease, noninstitutionalized adults aged 65 years and older.

Influenza is caused by the influenza virus, which infects the respiratory tract (nose, throat, lungs). The flu usually spreads when an infected person coughs, sneezes, or talks and the virus is sent into the air. About 36,000 Americans die on average per year from the complications of the flu. In 1918, 500,000 Americans died from the flu. The single best way to prevent the flu is for individuals, especially persons at high risk for serious complications from the flu, to get a flu shot each fall**(33).**

Streptococcus pneumiae is a bacteria that causes pneumococcal disease in adults and children worldwide. Pneumococcal pneumonia accounts for 25-35% of all pneumonias leading to hospitalization, resulting in 7,000 to 13,000 deaths per year in the United States. More than 90 percent of the deaths attributed to flu and pneumonia occur in people age 65 and older. Pneumococcal vaccine is 60% to 70% effective in preventing bacteremic pneumococcal infections in adults and children at least 2 years of age**(34).**

Objective (14-29a): Influenza vaccine.

Nevada 2001	1998 U.S. Baseline	U.S. 2001	2010 Target
63.3%*	64%	63%	90%

These percentages represent adults aged 65 years and older who report receiving an influenza vaccination in the past 12 months. The Nevada data are from the Behavioral Risk Factor Surveillance System. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are from a difference source than the National and may not be comparable.

Objective (14-29b): Pneumococcal vaccine.

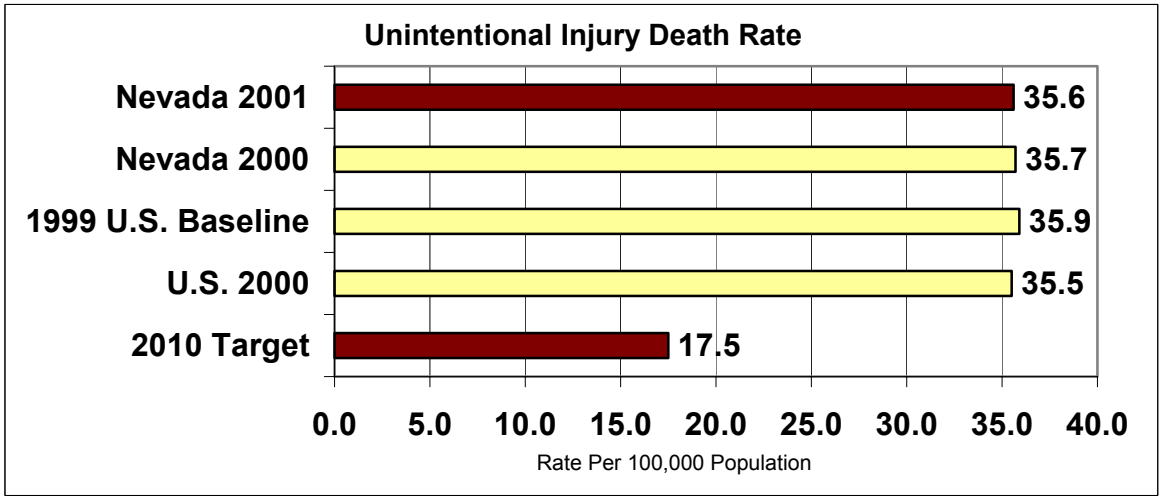
Nevada 2001	1998 U.S. Baseline	U.S. 2001	2010 Target
66.3%*	46%	54%	90%

These percentages represent adults aged 65 years and older who report ever receiving a pneumococcal vaccination. The Nevada data are from the Behavioral Risk Factor Surveillance System. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are from a difference source than the National and may not be comparable.

Objective (15-13.): Reduce deaths caused by unintentional injuries.

Unintentional injuries are the leading cause of death for Americans of all ages, regardless of gender, race or economic status. In 1999, they were the leading cause of death for persons ages 1 to 34 years and the fifth leading cause of death overall. On average, every six minutes, someone in the United States dies from causes such as motor vehicle crashes, falls, poisonings, drownings, fires, bicycle crashes, suffocation, or pedestrians being struck by motor vehicles**(35).**

Millions of Americans experience nonfatal injuries each year, and in 2000, 1 in 10 people experienced a nonfatal injury serious enough to require a visit to an emergency department. Despite increased use of safety belts, enactment of child passenger safety laws, and installation of air bags, motor vehicle crashes remain the leading cause of injury death in the United States, accounting for more than 42,000 deaths in 1999, including 5,700 teenagers. In 2000, residential fires claimed the lives of an estimated 3,420 people and injured another 16,975, children and older adults are at the greatest risk. Falls are the leading cause of injury death and the more common cause of nonfatal injuries and hospital admissions for trauma for people aged 65 and older. In 1999, drowning claimed the lives of 971 children, aged 14 and younger**(36).**



2001 By County/Region										
					Clark County					34.5
					Washoe County					32.4
					Rural Counties					45.4
Nevada 2001 Rates By Age										
<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
38.3	7.4	6.7	30.9	29.6	41.1	45.3	28.6	44.7	75.2	244.4

These rates represent deaths caused by unintentional injury. The rates are per 100,000 population and are age adjusted to the year 2000 U.S. standard population. The Nevada data are from the Nevada Vital Statistics Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (15-1.): Reduce hospitalizations for nonfatal head injuries.

Nevada 2001	1998 U.S. Baseline	U.S. 1999	2010 Target
65.9*	60.6	64.1	45.0

These rates represent hospitalizations for nonfatal head injuries. The rate is per 100,000 population and is age adjusted to the year 2000 standard population. The Nevada data are from Hospital Discharge Data. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*State data are from a different source than National data and may not be comparable.

Objective (15-2): Reduce hospitalizations for nonfatal spinal cord injuries.

Nevada 2001	1998 U.S. Baseline	U.S. 1999	2010 Target
3.5*	4.5	4.2	2.4

These rates represent hospitalizations for nonfatal spinal cord injuries. The rate is per 100,000 population and is age adjusted to the year 2000 standard population. The Nevada data are from Hospital Discharge Data. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*State data are from a different source than National data and may not be comparable.

Objective (15-3.): Reduce firearm-related deaths.

Nevada 2001	1999 U.S. Baseline	U.S. 2000	2010 Target
15.9	10.6	10.4	4.1

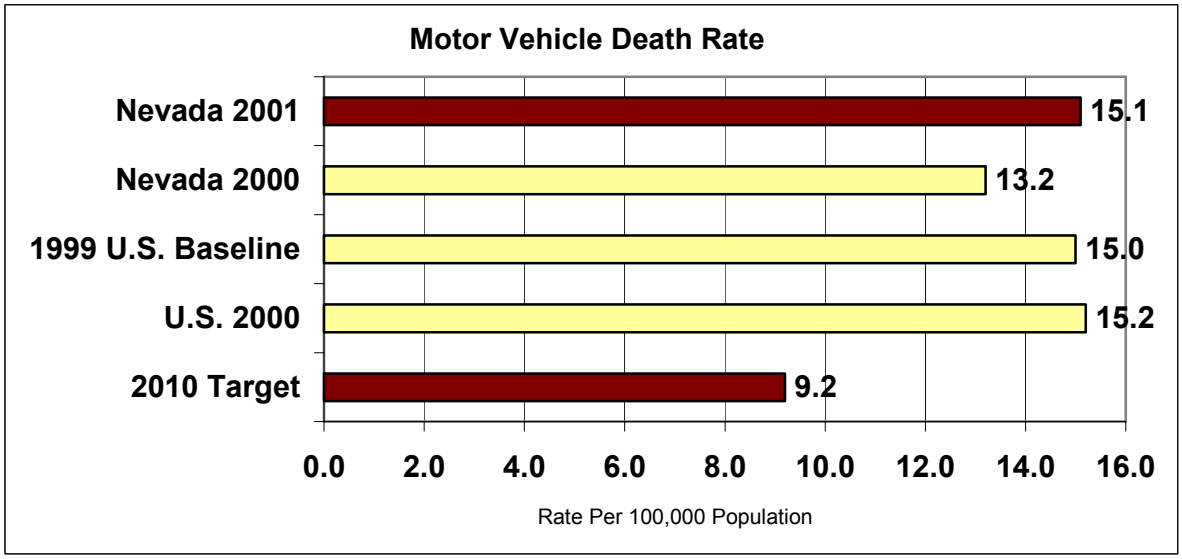
These rates represent firearm-related deaths. The rate is per 100,000 population and is age adjusted to the year 2000 standard population. The Nevada data are from Vital Statistics Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (15-8.): Reduce deaths caused by poisonings.

Nevada 2001		1999 U.S. Baseline	U.S. 2000		2010 Target
1.1		7.2	7.3		1.5
Nevada 2001 Rates By Age					
<1	45-54	55-64	65-74	75-84	85+
3.2	0.3	0.5	1.4	7.5	33.3

These rates represent poisoning deaths. The rate is per 100,000 population and is age adjusted to the year 2000 standard population. The Nevada data are from Vital Statistics Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (15-15a.): Reduce deaths caused by motor vehicle crashes.



Nevada 2001 Rates By Age										
<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
0	1.6	3.7	23.1	16.5	12.8	17.6	17.4	20.9	23.8	38.9

These rates represent unintentional injury traffic deaths. The rate is per 100,000 population and is age adjusted to the year 2000 standard population. The Nevada data are from Nevada Vital Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (15-16.): Reduce pedestrian deaths on public roads.

Nevada 2001	Nevada 2000	1999 U.S. Baseline	2010 Target
2.4*	2.1	1.9	1.0

2001 By County/Region		
	Clark County	2.4
	Washoe County	3.0
	Rural Counties	1.8

These rates represent pedestrian deaths. The rate is per 100,000 population and is age adjusted to the year 2000 standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are from a different source than National data and may not be comparable.

Objective (15-19.): Increase use of safety belts.

Nevada 2001	Nevada 2000	1999 U.S. Baseline	2010 Target
74.5%	78.5%	69%	92%

These percentages represent persons observed using restraints. The Nevada data are from U.S. Department of Transportation, National Highway Traffic Safety Administration, National Center for Statistics and Analysis. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (15-26b.): Increase functioning residential smoke alarms, residences with a functioning smoke alarm on every floor.

Nevada 1999	1998 U.S. Baseline	U.S. 1999	2010 Target
92.2%	87.0%	96.0%	100%

These percentages represent households reporting functional smoke alarms on each habitable floor of their residence. The data are from the Behavioral Risk Factor Surveillance System.

Objective (15-27.): Reduce deaths from falls.

Nevada 2001	1999 U.S. Baseline	U.S. 2000	2010 Target
4.0	4.8	4.8	3.0

These rates represent deaths due to falls. The rates are age adjusted to the year 2000 and are per 100,000 population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (15-28a.): Reduce hip fractures among females aged 65 years and older.

Nevada 2001	1998 U.S. Baseline	U.S. 1999	2010 Target
785.3*	1,055.8	1,101.8	416.0

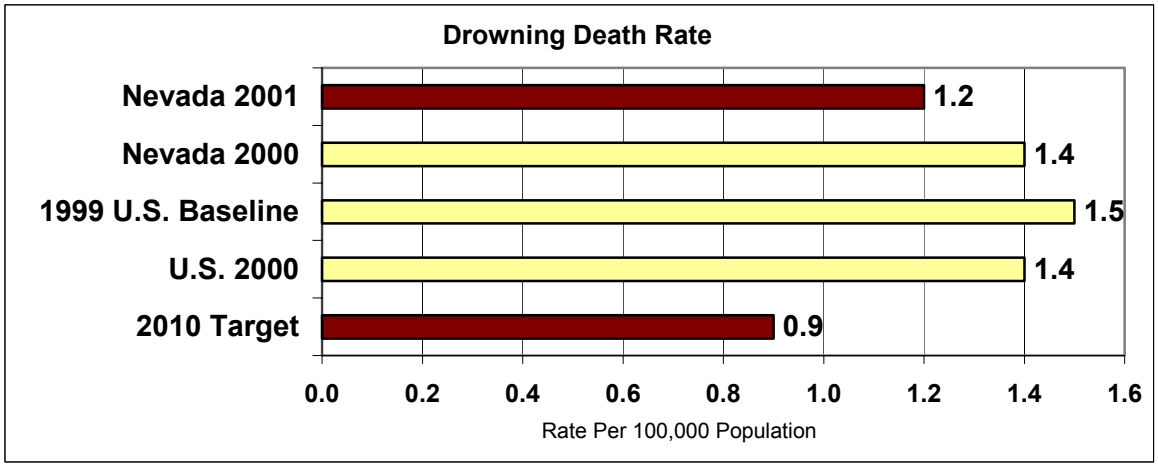
These rates represent hospitalizations for hip fractures among females aged 65 years and older. The rate is per 100,000 population of females aged 65 years and older, and is age adjusted to the year 2000 standard population. The Nevada data are from Hospital Discharge Data. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*State data are from a different source than National data and may not be comparable.

Objective (15-28b.): Reduce hip fractures among males aged 65 years and older.

Nevada 2001	1998 U.S. Baseline	U.S. 1999	2010 Target
498.1*	592.7	468.0	474.0

These rates represent hospitalizations for hip fractures among males aged 65 years and older. The rate is per 100,000 population of males aged 65 and older, and is age adjusted to the year 2000 standard population. The Nevada data are from Hospital Discharge Data. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*State data are from a different source than National data and may not be comparable.

Objective (15-29.): Reduce drownings.



Nevada 2001 Rates By Age										
<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
3.2	2.5	1.0	1.0	0.3	1.5	1.4	0.5	0	0	11.1

These rates represent drowning deaths. The rate is per 100,000 population and is age adjusted to the year 2000 standard population. The Nevada data are from the Nevada Vital Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

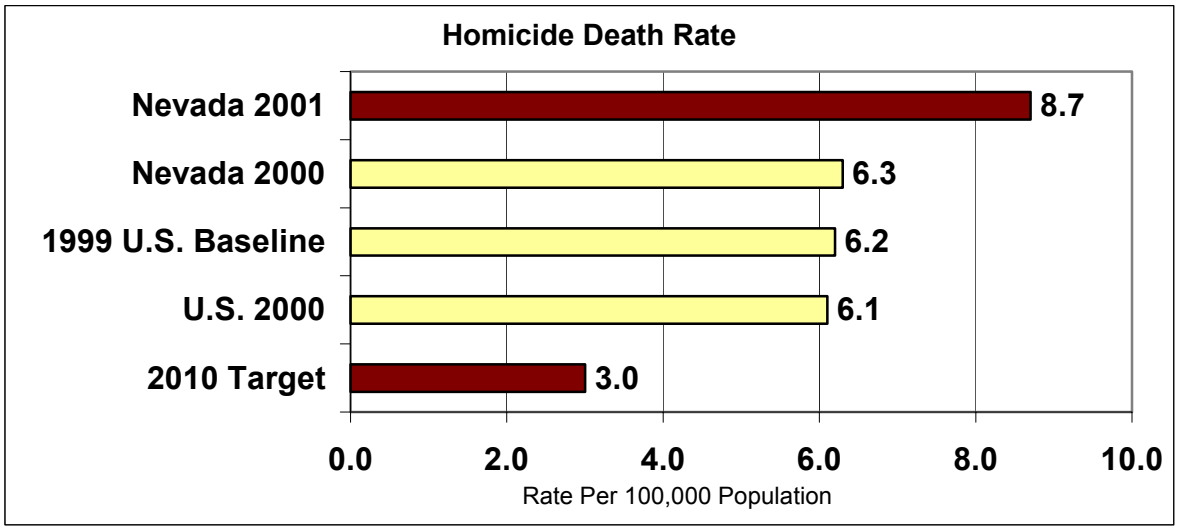
Objective (15-30.): Reduce hospital emergency department visits for nonfatal dog bite injuries.

Nevada 2001	1997 U.S. Baseline	2010 Target
115.0*	151.4	114.0

These rates represent emergency room visits for dog bite injuries. The rate is per 100,000 population. The Nevada data are from the Nevada State Health Division, Bureau of Health Planning and Statistics, Special Report on Dog Bites. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are not age adjusted and are from a different data source, than the National data and may not be comparable.

Objective (15-32.): Reduce homicides.

In the year 2000, the FBI reported a total of 15,517 homicides in the United States. The rate and overall number of murders in the U.S. continued a steady decline that began in 1993. Males accounted for 76% of all murder victims. 44% of murder victims knew the offender. Firearms were used in 66% of murders committed in 2000. Arguments were the circumstance leading to murder for 29% of murders**(37).** Approximately one-third of murder victims and almost half the offenders are under the age of 25**(38).**



2001 By County/Region	**Clark County**	**10.6**
	Washoe County	**4.5**
	Rural Counties	**4.6**
Nevada 2001 By Race/Ethnicity	**Black**	**29.0**
	Hispanic	**9.7**
	Am. Indian	*****
	White	**5.6**
	Asian	**9.3**

*Sample size too small to provide reliable data.

These rates represent deaths due to homicide. The rates are age adjusted to the year 2000 and are per 100,000 population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (15-33a.): Reduce maltreatment of children.

Nevada 2001	1999 U.S. Baseline	2010 Target
5.3*	11.8	10.3

These rates represent the number of children aged 17 years and under, found to be victims of maltreatment by state child welfare agencies. The rate is per 1,000 population aged 17 years and under. The Nevada rate is based on data from the Nevada Kids Count Data Book: 2003. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The Nevada rate represents the number of substantiated child-abuse and neglect reports, for children aged 17 years and under. The U.S. data represents the number of children by disposition who were the subject of a child protection investigation or assessment. The State data may not be comparable to the National data.

Nevada 2001 Reports By County		
Clark County	Washoe County	Rural Counties
1,891	687	287

These numbers represent substantiated child-abuse and neglect reports, for children aged 17 years and under, by county in Nevada. The data are from the Nevada Kids Count Data Book: 2003.

Objective (15-38.): Reduce physical fighting among adolescents.

Nevada 2001	1999 U.S. Baseline	2010 Target
35.6%	36%	32%

These percentages represent students in grades 9 through 12 who report being in a physical fight at least 1 time during the 12 months preceding the survey. The Nevada data and the U.S. data are from the Youth Risk Behavior Survey.

Objective (15-39.): Reduce weapon carrying by adolescents on school property.

Nevada 2001	1999 U.S. Baseline	2010 Target
6.8%	6.9%	4.9%

These percentages represent students in grades 9 through 12 who report carrying a weapon on school property at least 1 day in the 30 days preceding the survey. The Nevada data and the U.S. data are from the Youth Risk Behavior Survey.

Objective (16-1): Reduce fetal and infant deaths.

Research indicates that smoking during pregnancy is associated with higher levels of fetal mortality. Alcohol use during pregnancy is associated with a number of harmful effects including increased risk of fetal death. Certain medical conditions of the mother such as pregnancy-associated hypertension, diabetes and anemia can increase the risk of fetal death**(39).**

Infant mortality is death during the first year of life. Disorders related to short gestation and low birthweight and congenital malformations are the leading causes of death during the first month of life. Sudden infant death syndrome (SIDS) and congenital abnormalities are the leading causes of infant death after the first month of life**(40).**

Injuries kill more adolescents than all diseases combined. At least one adolescent (10-19 years old) dies of an injury every hour of every day; about 15,000 die each year **(41).**

Unintentional injuries have been the leading cause of death for children and young adults throughout the past 50 years. Homicide and suicide were the second and third leading causes of death in 1999. In 1999, cancer and heart disease together accounted for about 10 percent of deaths among persons 1-24 years of age**(42).**

The Nevada data on fetal, infant, child, adolescent, and young adult deaths are from Nevada Vital Statistics Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

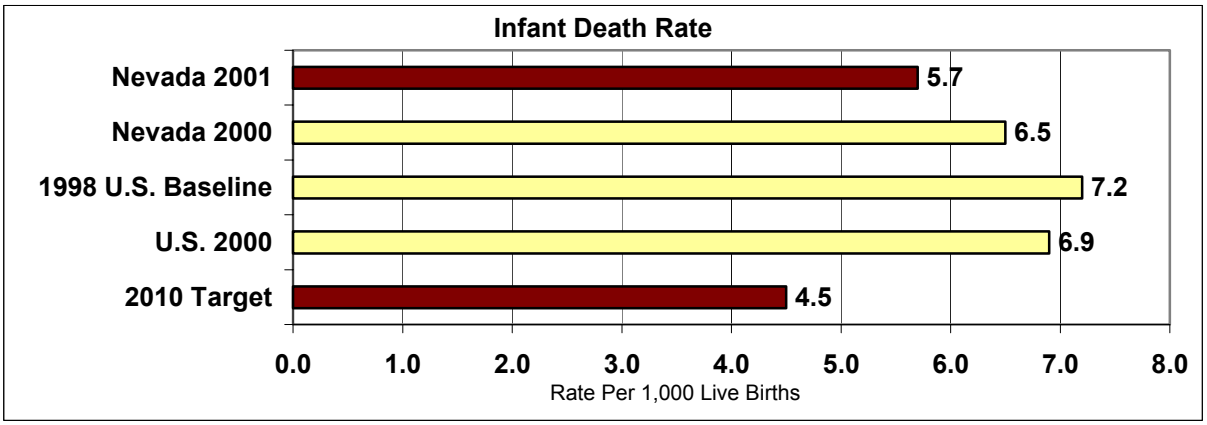
Objective (16-1a.): Reduce fetal deaths at 20 or more weeks of gestation.

Nevada 2001	Nevada 2000	1997 U.S. Baseline	U.S. 2000	2010 Target
6.7	7.5	6.8	6.6	4.1
2001 By County/Region		Clark County		6.2
		Washoe County		9.3
		Rural Counties		5.9
Nevada 2001 By Race/Ethnicity		Black		8.7
		Hispanic		6.1
		Am. Indian		10.0
		White		6.6
		Asian		7.4

These rates represent fetal deaths (20 or more weeks of gestation). The rates are per 1,000 live births plus fetal deaths.

Objective (16-1c.): Reduce infant deaths (within 1 year).

The leading causes of death in this age group in Nevada in 2001 were perinatal period conditions, and congenital malformations/abnormalities.



2001 By County/Region	**Clark County**	**6.0**
	Washoe County	**5.5**
	Rural Counties	**3.6**
Nevada 2001 By Race/Ethnicity	**Black**	**16.7**
	Hispanic	**5.2**
	Am. Indian	**5.0**
	White	**5.0**
	Asian	**1.0**

These rates represent deaths among infants under age 1 year. The rates are per 1,000 live births.

Objective (16-2a.): Reduce deaths of children aged 1 to 4 years.

The leading cause of death in this age group in Nevada in 2001 was accidents.

Nevada 2001	**1998 U.S. Baseline**	**U.S. 2000**	**2010 Target**
33.7	**34.6**	**32.9**	**18.6**

2001 By County/Region	**Clark County**	**36.3**
	Washoe County	**37.4**
	Rural Counties	**13.6**
Nevada 2001 By Race/Ethnicity	**Black**	**83.1**
	Hispanic	**46.2**
	Am. Indian	**0**
	White	**20.9**
	Asian	**14.3**

These rates represent deaths among children. The rates are per 100,000 population, aged 1 to 4 years.

Objective (16-2b.): Reduce deaths of children aged 5 to 9 years.

The leading causes of death in this age group in Nevada in 2001 were malignant neoplasms and nontransport accidents.

Nevada 2001	1998 U.S. Baseline	U.S. 2000	2010 Target
18.1	17.7	16.4	12.3

2001 By County/Region	Clark County	17.8
	Washoe County	26.1
	Rural Counties	10.3
Nevada 2001 By Race/Ethnicity	Black	31.2
	Hispanic	9.2
	Am. Indian	0
	White	21.8
	Asian	12.5

These rates represent deaths among children. The rates are per 100,000 population, aged 5 to 9 years.

Objective (16-3a.): Reduce deaths of adolescents aged 10 to 14 years.

The leading cause of death in this age group in Nevada in 2001 was transport accidents.

Nevada 2001	1998 U.S. Baseline	U.S. 2000	2010 Target
18.9	22.1	20.9	16.8

2001 By County/Region	Clark County	14.6
	Washoe County	30.5
	Rural Counties	27.4
Nevada 2001 By Race/Ethnicity	Black	35.0
	Hispanic	4.9
	Am. Indian	0
	White	22.8
	Asian	13.8

These rates represent deaths among adolescents. The rates are per 100,000 population, aged 10 to 14 years.

Objective (16-3b.): Reduce deaths of adolescents aged 15 to 19 years.

The leading causes of death in this age group in Nevada in 2001 were transport accidents and homicide.

Nevada 2001	1998 U.S. Baseline	U.S. 2000	2010 Target
56.6	70.6	68.2	39.8

2001 By County/Region	Clark County	45.3
	Washoe County	62.5
	Rural Counties	104.8
Nevada 2001 By Race/Ethnicity	Black	121.3
	Hispanic	44.7
	Am. Indian	82.7
	White	54.9
	Asian	25.7

These rates represent deaths among adolescents. The rates are per 100,000 population, aged 15 to 19 years.

Objective (16-3c.): Reduce deaths of young adults aged 20 to 24 years.

The leading causes of death in this age group in Nevada in 2001 were transport accidents, homicide, and suicide.

Nevada 2001	1998 U.S. Baseline	U.S. 2000	2010 Target
104.3	95.3	96.0	49.0

2001 By County/Region	Clark County	96.7
	Washoe County	119.2
	Rural Counties	130.7
Nevada 2001 By Race/Ethnicity	Black	205.3
	Hispanic	69.5
	Am. Indian	256.1
	White	107.7
	Asian	75.9

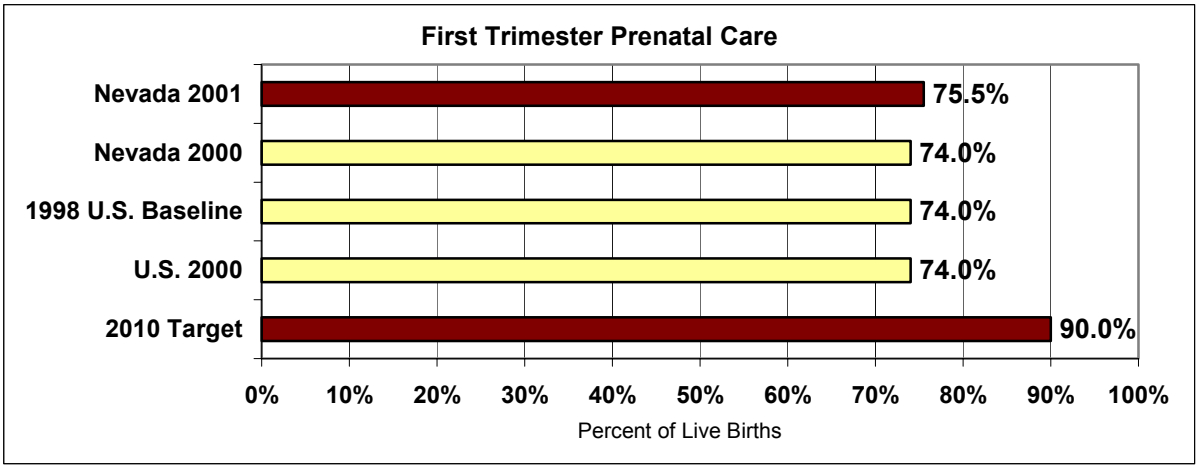
These rates represent deaths among young adults. The rates are per 100,000 population, aged 20 to 24 years.

Objective (16-6): Increase the proportion of pregnant women who receive early and adequate prenatal care.

Prenatal care that begins in the first trimester and continues throughout pregnancy reduces the risk of maternal morbidity and poor birth outcomes. Financial and health insurance problems are among the most important barriers to prenatal care. Expansion of Medicaid coverage for pregnancy-related services has increased availability and use of prenatal care by low-income women. Increases in use of early prenatal care have been observed among mothers in all major racial and ethnic groups. There continues to be racial differences in the percent of mothers reporting early prenatal care**(43).**

The Nevada data on prenatal and obstetrical care are from Nevada Vital Statistics Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

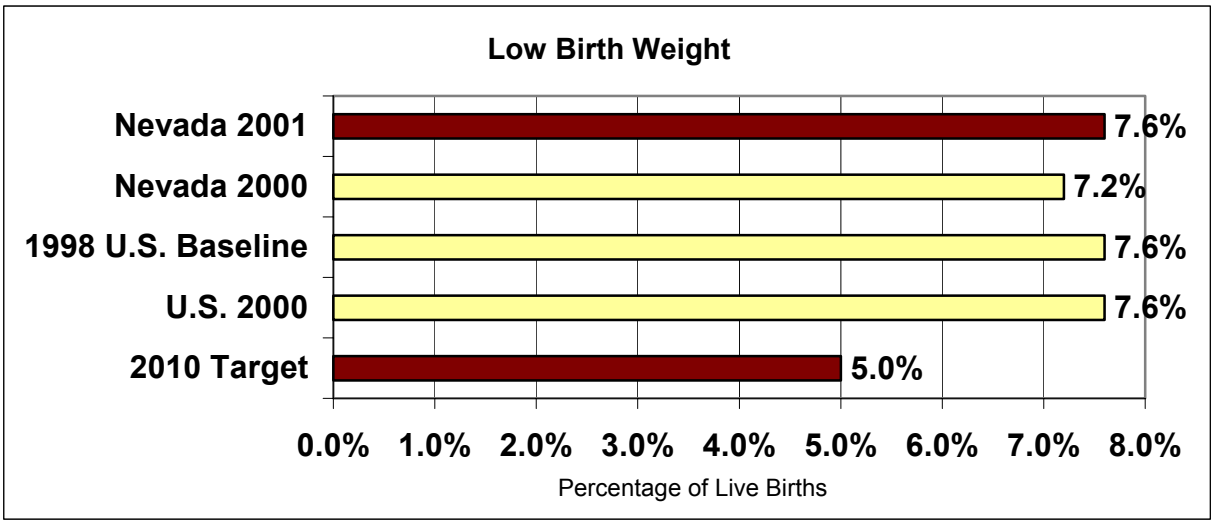
Objective (16-6a.): Increase the proportion of pregnant women who receive prenatal care in the first trimester of pregnancy.



2001 By County/Region	**Clark County**	**73.0%**
	Washoe County	**83.7%**
	Rural Counties	**80.5%**
Nevada 2001 By Race/Ethnicity	**Black**	**63.9%**
	Hispanic	**59.8%**
	Am. Indian	**63.9%**
	White	**83.0%**
	Asian	**75.1%**

These percentages represent females receiving prenatal care in the first trimester (three months) of pregnancy.

Objective (16-10a.): Reduce low birth weight.



2001 By County/Region	Clark County	7.5%
	Washoe County	8.0%
	Rural Counties	7.8%
Nevada 2001 By Race/Ethnicity	Black	12.8%
	Hispanic	6.4%
	Am. Indian	6.5%
	White	7.5%
	Asian	8.3%

These percentages represent live births with a birth weight of less than 2,500 grams (5 lbs. 8 oz.).

Objective (16-10b.): Reduce very low birth weight.

Nevada 2001	Nevada 2000	1998 U.S. Baseline	U.S. 2000	2010 Target
1.1%	1.3%	1.4%	1.4%	0.9%

2001 By County/Region	Clark County	1.0%
	Washoe County	1.2%
	Rural Counties	1.2%
Nevada 2001 By Race/Ethnicity	Black	2.1%
	Hispanic	0.9%
	Am. Indian	0
	White	1.0%
	Asian	0.8%

These percentages represent live births with a birth weight of less than 1,500 grams (3 lbs. 4 oz.).

Objective (16-11a.): Reduce pre-term births, infants born prior to 37 completed weeks of gestation.

Nevada 2001	1998 U.S. Baseline	U.S. 2000	2010 Target
10.1%	11.6%	11.6%	7.6%

2001 By County/Region	Clark County	10.0%
	Washoe County	10.2%
	Rural Counties	10.5%
Nevada 2001 By Race/Ethnicity	Black	13.2%
	Hispanic	9.1%
	Am. Indian	11.2%
	White	10.2%
	Asian	10.5%

These percentages represent infants born prior to 37 completed weeks of gestation.

Objective (16-11b.): Reduce live births at 32 to 36 weeks of gestation.

Nevada 2001	1998 U.S. Baseline	U.S. 2001	2010 Target
8.8%	9.6%	10.0%	6.4%

2001 By County/Region	Clark County	8.8%
	Washoe County	8.9%
	Rural Counties	8.9%
Nevada 2001 By Race/Ethnicity	Black	10.5%
	Hispanic	8.0%
	Am. Indian	10.5%
	White	9.1%
	Asian	9.5%

These percentages represent infants born between 32 and 36 completed weeks of gestation.

Objective (16-11c.): Reduce live births at less than 32 weeks of gestation.

Nevada 2001	1998 U.S. Baseline	U.S. 2000	2010 Target
1.3%	2.0%	1.9%	1.1%

2001 By County/Region	Clark County	1.2%
	Washoe County	1.3%
	Rural Counties	1.7%
Nevada 2001 By Race/Ethnicity	Black	2.8%
	Hispanic	1.1%
	Am. Indian	0.7%
	White	1.2%
	Asian	1.1%

These percentages represent infants born at less then 32 completed weeks of gestation.

Objective (16-17): Increase abstinence from alcohol and cigarettes among pregnant women.

Children exposed to alcohol during fetal development can suffer a wide array of disorders, from subtle changes in I.Q. to profound mental retardation. They can also suffer growth retardation and be born with birth defects of major organ systems. One of the most severe effects of drinking during pregnancy is fetal alcohol syndrome (FAS). Birth defects associated with prenatal exposure to alcohol can occur in the first three to eight weeks of pregnancy, before a woman even knows that she is pregnant. Although early pregnancy is a particularly vulnerable time, damage to the fetus can occur throughout the pregnancy as a result of continued alcohol exposure**(44).**

Infants born to women who smoke during pregnancy have a lower average birth weight and are more likely to be small for gestational age than infants born to women who do not smoke. Low birth weight is associated with increased risk for neonatal, perinatal, and infant morbidity and mortality. Eliminating maternal smoking may lead to a 10% reduction of all infant deaths and a 12% reduction in deaths from perinatal conditions**(45).**

The Nevada data on alcohol and cigarette smoking among pregnant women are from Nevada Vital Statistics Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (16-17a.): Increase abstinence from alcohol among pregnant women.

Nevada 2001	1996-1997 U.S. Baseline	2010 Target
98.7%*	86.0%	94.0%
2001 By County/Region	Clark County	98.7%
	Washoe County	98.5%
	Rural Counties	99.0%
Nevada 2001 By Race/Ethnicity	Black	98.3%
	Hispanic	99.6%
	Am. Indian	96.8%
	White	98.2%
	Asian	99.4%

The Nevada data represents the percentage of women who gave birth in 2001 who report abstaining from alcohol while pregnant. The U.S. data represents the number of pregnant women who report abstaining from alcohol in the past month.
*The State data are from a different source than the National data and may not be comparable.

Objective (16-17c.): Increase abstinence from cigarette smoking among pregnant women.

Nevada 2001	1998 U.S. Baseline	U.S. 2000	2010 Target
89.0%	87%	88%	99%

2001 By County/Region	Clark County	90.0%
	Washoe County	87.9%
	Rural Counties	84.0%
Nevada 2001 By Race/Ethnicity	Black	85.9%
	Hispanic	96.8%
	Am. Indian	82.7%
	White	83.7%
	Asian	92.8%

These percentages represent women who gave birth in 2001 who report abstaining from cigarette smoking while pregnant.

Medical Product Safety

Objective (17-6): Increase the proportion of persons who donate blood, and in so doing ensure an adequate supply of safe blood.

4.5 million American lives are saved each year by blood transfusions. 32,000 pints of donated blood are used each day in the United States. People in good health, and at least 110 pounds may donate blood every 56 days. Blood centers often run short of type O and B blood. Shortages of all blood types happen during the summer and winter holidays. There are four main types of blood: A, B, AB and O. AB is the universal recipient, and O negative is the universal donor. Fourteen tests (11 tests for infectious diseases) are performed on each unit of donated blood. 60% of the U.S. population is eligible to donate blood. There were 500,000 Americans who donated blood in the days following the September 11 attacks**(46)**.

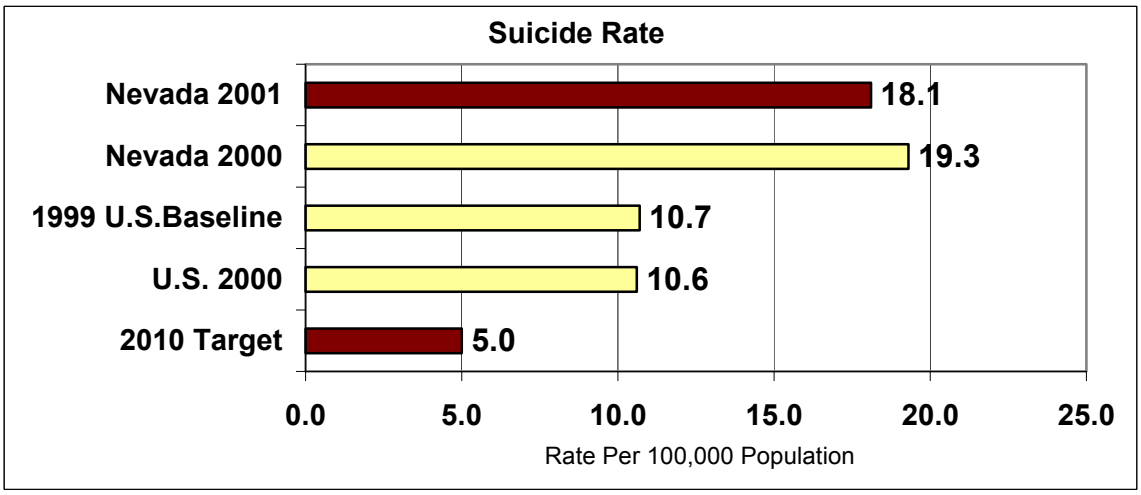
Nevada 2001	1998 U.S. Baseline	U.S. 2000	2010 Target
5.5%*	6%	6%	8%

These percentages represent persons who donate blood. The Nevada percentage represents ages 18-65 and is age adjusted to the 2000 standard population. The U.S. percentage represents ages 18 years and older and is age adjusted to the 2000 standard population. The Nevada data are from Nevada's United Blood Services. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are from a different source than the National data and may not be comparable.

Objective (18-1): Reduce the suicide rate.

Nevada has consistently ranked high in the nation during the past 10 years for suicide deaths. Suicide was the 6th leading cause of death in Nevada in 2000. The total number for Nevada residents was 388,320 male suicides, and 68 female suicides. The most utilized method of suicide in Nevada in 2000 was firearms/explosives with 233. There were 3 suicides among children aged 5-14, 40 suicides among adolescents and young adults aged 15-24, and 67 suicides among adults aged 25-34. There were 42 suicides in Nevada among people who live out of state.

In the United States, in 2000, there were 300 suicide deaths among children 10 to 14, 1,621 deaths among adolescents aged 15-19, and 2373 deaths among young people age 20-24. It is estimated there are 8-25 attempted suicides to one completion**(47).**



2001 By County/Region			Clark County			18.3		
			Washoe County			17.7		
			Rural Counties			19.4		
Nevada 2001 Rates By Age								
5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
1.7	11.2	15.3	24.4	29.4	26.6	23.8	41.3	33.3

These rates represent deaths due to suicides. The rates are per 100,000 population and are age adjusted to the year 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Mental Health and Mental Disorders

Objective (18-2.): Reduce the rate of suicide attempts by adolescents.

Nevada 2001	1999 U.S. Baseline	2010 Target
3.8%	2.6%	1.0%

These percentages represent students in grades 9 through 12 who reported suicide attempts that required medical attention in the 12 months preceding the survey. The Nevada data are from the Youth Risk Behavior Survey. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Nutrition and Overweight

Objective (19-1): Increase the proportion of adults who are at a healthy weight.

The primary concern of overweight and obesity is one of health and not appearance. Overweight is defined as a Body Mass Index (BMI) of 25.0 or greater and obesity is defined as a BMI of 30.0 or greater. An estimated 300,000 deaths per year may be attributable to obesity. Even moderate weight excess (10 to 20 pounds for a person of average height) increases the risk of death, particularly among adults aged 30 to 64 years. High blood pressure is twice as common in adults who are obese. A weight gain of 11 to 18 pounds increases a person's risk of developing Type 2 diabetes. Overweight and obesity are associated with an increased risk for some types of cancer including endometrial (cancer of the lining of the uterus), colon, gall bladder, prostate, kidney and postmenopausal breast cancer. Obesity is associated with a higher prevalence of asthma and sleep apnea. Obesity during pregnancy is associated with an increased risk of maternal high blood pressure, gestational diabetes, birth defects, and a higher rate of Cesarean section delivery. Overweight adolescents have a 70% chance of becoming overweight or obese adults**(48).**

Nevada 2001	1988-94 U.S. Baseline	U.S. 2000	2010 Target
43.5%	42%	42.9%	60%

These percentages represent persons age 18 and over who reported their height and weight. Body weight estimates from self-reported heights and weights tend to be lower than those from measured height and weight. The Nevada and the U.S. data are from the Behavioral Risk Factor Surveillance System.

Nutrition and Overweight

Objective (19-2.): Reduce the proportion of adults who are obese.

Nevada 2001	Nevada 2000	1988-94 U.S. Baseline	U.S. 2000	2010 Target
19.5%	17%	23%	20.1%	15%

These percentages represent persons aged 18 and over who reported their height and weight. Body weight estimates from self-reported heights and weights tend to be lower than those from measured height and weight. The Nevada and the U.S. data are from the Behavioral Risk Factor Surveillance System.

Occupational Safety and Health

Objective (20-1a): Reduce deaths from work-related injuries, all industry.

In the U.S., a total of 8,786 fatal work injuries were reported in 2001, including fatalities related to the September 11 terrorist attacks. A total of 2,886 work-related fatalities resulted from the events of September 11. Excluding the September 11 attacks, the overall U.S. workplace fatality count was 5,900 for 2001. Occupational fatality rates in 2001 were the highest in the mining, agriculture, forestry and fishing, construction, and transportation industries. On average, about 16 workers were fatally injured each day during 2001**(49).**

There were 42 fatal occupational injuries in Nevada in 2001. 52.5% were transportation incidents, 17.5% were assaults and violent acts, 12.5% were contact with objects and equipment, and 10% were from falls**(50).**

Nevada 2001	1998 U.S. Baseline	U.S. 2000	2010 Target
3.0*	4.5	4.3	3.2

2001 By County/Region		
	Clark County	1.6
	Washoe County	1.6
	Rural Counties	4.3

These rates represent work-related injury deaths among workers aged 16 and older. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are per 100,000 population and the National data are per 100,000 workers 16 years and older. The State data and the National data may not be comparable.

Objective (21-1b.): Reduce the proportion of children with dental caries experience in primary and permanent teeth.

Dental decay is one of the most common chronic infectious diseases among U.S. children. This preventable health problem begins early. By age 2-4 years, 17% of children have already had decay. By the age of 8, approximately 52% of children have experienced decay, and by the age of 17, dental decay affects 78% of adolescents. Among low-income children, almost 50% of tooth decay remains untreated, and may result in pain, dysfunction, underweight, and poor appearance**(51).**

Nearly one-third of all adults in the U.S. have untreated tooth decay. One in seven adults aged 35 to 44 years has gum disease; this increases to one in every four adults aged 65 years and older. Over the past 20 years, the number of adults missing all their natural teeth has declined from 33 percent to 20 percent for those aged 55 to 64 years, and from 2 percent to 0.4 percent for those adults between 18 to 34 years. One out of 250 younger adults are missing all their teeth**(52).**

Nevada 2003	1988-1994 U. S. Baseline	2010 Target
67.1%*	52%	42%
Nevada 2003 By Race/Ethnicity	Black/African Am.	69.5%
	Hispanic	70.0%
	White (non Hispanic)	64.0%

These percentages represent children, participating in Nevada's Oral Health Survey, with a history of dental caries. The Nevada data are from the Nevada State Health Division, Bureau of Family Health Services. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are for ages 7-11 years and the National data are for ages 6-8 years. The State data are from a different source than the National data. The State data and National data may not be comparable.

Objective (21-2b.): Reduce the proportion of children with untreated dental decay in their primary teeth and permanent teeth.

Nevada 2003	1988-94 U.S. Baseline	2010 Target
39%*	29%	21%
Nevada 2003 By Race/Ethnicity	Black/African Am.	45.1%
	Hispanic	45.2%
	White (non Hispanic)	33.1%

These percentages represent children, participating in Nevada's Oral Health Survey, with untreated decay. The Nevada data are from the Nevada State Health Division, Bureau of Family Health Services. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database. *The State data are for ages 7-11 years and the National data are for ages 6-8 years. The State data are from a different source than the National data. The State data and National data may not be comparable.

Objective (21-4.): Reduce the proportion of older adults who have had all their natural teeth extracted.

Nevada 1999	1997 U.S. Baseline	U.S. 2000	2010 Target
16.9%	26%	26%	20%

These percentages represent adults, age 65 to 74 years who report having lost all their natural teeth. The Nevada data are the U.S. data are from the Behavioral Risk Factor Surveillance System.

Objective (21-8a.): Increase the proportion of children who have received dental sealants on their molar teeth.

Nevada 2003	Nevada 2000	1988-94 U.S. Baseline	2010 Target
33.2%*	34%	23%	50%
Nevada 2003 By Race/Ethnicity	Black/African Am.	18.3%	
	Hispanic	25.4%	
	White (non Hispanic)	42.5%	

These percentages represent children participating in Nevada's Oral Health Survey, with dental sealants. The Nevada data are from the Nevada State Health Division, Bureau of Family Health Services. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database. *The State data are for ages 7-11 years and the National data are for ages 6-8 years. The State data are from a different source than the National data. The State data and National data may not be comparable.

Objective (21-9.): Increase the proportion of the U.S. population served by community water systems with fluoridated water.

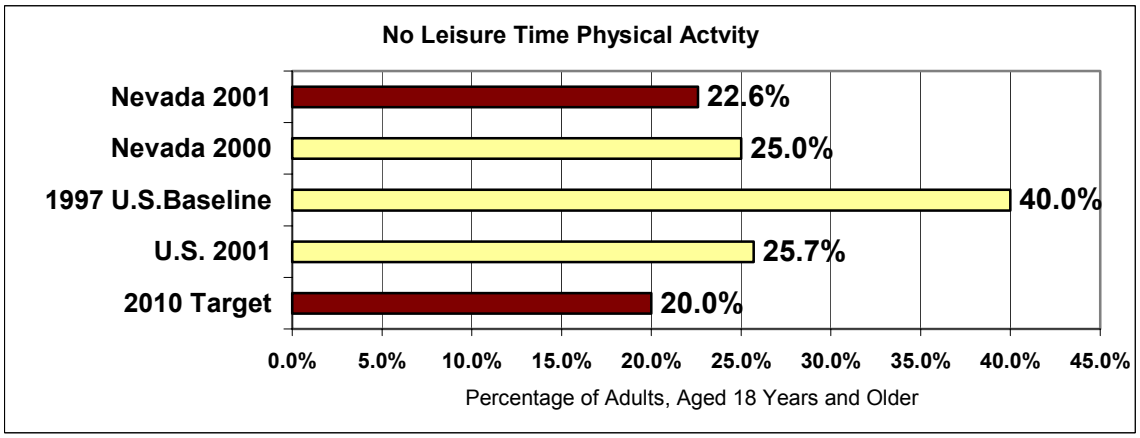
Nevada 2000	1992 U.S. Baseline	2010 Target
68.9%*	62%	75%

Only Clark County in Nevada has fluoridated water from public systems. These percentages represent persons receiving fluoridated water from public systems. The Nevada data are from the Nevada State Health Division, Bureau of Family Health Services. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are from a different source than the National data and may not be comparable.

Objective (22-1.): Reduce the proportion of adults who engage in no leisure-time physical activity.

Regular physical activity substantially reduces the risk of dying of coronary heart disease, the nation's leading cause of death for adults, and decreases the risk for stroke, colon cancer, diabetes and high blood pressure. Physical activity need not be strenuous to be beneficial; people of all ages can benefit from participating in regular, moderate-intensity physical activity, such as 30 minutes of brisk walking five or more times a week. About 30% of adults get little or no physical activity. Women are less active than men at all ages. Blacks and Hispanics are generally less active than Whites. Adults in northeastern and southern states tend to be less active than adults in north-central and western states**(53).**

More than a third of young people in grades 9-12 do not regularly engage in vigorous-intensity physical activity. Daily participation in high school physical education classes dropped from 42% in 1991 to 32% in 2001**(54).**



These percentages represent adults, aged 18 years and older who report no leisure time physical activity. The Nevada and U.S. data are from the Behavioral Risk Factor Surveillance System.

Objective (22-2.): Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.

Nevada 2001	1997 U.S. Baseline		U.S. 2001		2010 Target
49.8%	32%		32%		50%
Nevada 2001 Percentage By Age					
18-24	25-34	35-44	45-54	55-64	65+
61.2%	54.9%	50.6%	48.7%	43.3%	40.2%

These percentages represent the proportion of adults aged 18 years and older who report light or moderate physical activity for at least 30 minutes five or more times per week. The Nevada and the U.S. data are from the Behavioral Risk Factor Surveillance Survey.

Objective (22-3.): Increase the proportion of adults who engage in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.

Nevada 2001	1997 U.S. Baseline	U.S. 2000	2010 Target
26.7%	23%	23%	30%

These percentages represent adults aged 18 years and older who report participating in vigorous physical activity for at least 20 minutes three or more times per week. The Nevada and the U.S. data are from the Behavioral Risk Factor Surveillance Survey.

Objective (22-6.): Increase the proportion of adolescents who engage in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days.

Nevada 2001	1999 U.S. Baseline	U.S. 2001	2010 Target
27.9%	27%	26%	35%

These percentages represent adolescents in grades 9 through 12 who report participating for at least 30 minutes in physical activity that did not make them sweat or breathe hard on 5 or more of the 7 days preceding the survey. The Nevada and the U.S. data are from the Youth Risk Behavior Survey.

Objective (22-7.): Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.

Nevada 2001	1999 U.S. Baseline	U.S. 2001	2010 Target
66.3%	65%	65%	85%

Nevada 2001 By Race/Ethnicity		
	Black	70.7%
	Hispanic	61.4%
	Am. Indian	57.2%
	White	68.7%
	Asian	64.4%

These percentages represent adolescents in grades 9 through 12 who report participating for at least 20 minutes in physical activity that made them sweat or breathe hard on 3 or more of the 7 days preceding the survey. The Nevada and the U.S. data are from the Youth Risk Behavior Survey.

Objective (24-1): Reduce asthma deaths.

Asthma is a reversible obstructive lung disease, caused by an increased reaction of the airways to various stimuli. It is a chronic condition with acute exacerbations. Asthma can be life threatening if not properly managed. It is estimated that 6.3 million children under 18 years of age have asthma; of which 4 million suffered from an asthma attack or episode in the past year. Asthma is the third leading cause of hospitalization among children under the age of 15. The estimated annual cost of treating asthma in those under 18 years of age is $3.2 billion**(55).**

In 2001, it was estimated that 20.3 million Americans currently have asthma. One survey suggests that Maine and Massachusetts have the highest percentage of adults with asthma while South Dakota and Louisiana have the lowest. In 2000, there were 4,487 deaths attributed to asthma. Close to 2 million emergency room visits were attributed to asthma in 2000**(56).**

Objective (24-1a): Reduce asthma deaths, children under age 5 years.

Nevada 1999-2001	1999 U.S. Baseline	U.S. 2000	2010 Target
4.53*	1.7	2.1	1.0

These rates represent asthma deaths among children. The rate is per 1,000,000 population, aged under 5 years. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database. The rate for Nevada may be under reported because Nevada only recorded primary causes of death on death certificates for the years reported.
*The State data are for the years 1999-2001 and may not be comparable to the National data.

Objective (24-1b): Reduce asthma deaths, children aged 5 to 14 years.

Nevada 2001	1999 U.S. Baseline	U.S. 2000	2010 Target
3.4	3.2	3.3	1.0

These rates represent asthma deaths among children. The rate is per 1,000,000 population, aged 5 to 14 years. The Nevada data are from Nevada Vital Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database. The rate for Nevada may be under reported because Nevada only recorded primary causes of death on death certificates for the years reported.

Objective (24-1c): Reduce asthma deaths, adolescents and adults aged 15 to 34 years.

Nevada 2001	1999 U.S. Baseline	U.S. 2000	2010 Target
6.6	5.9	5.5	2.0

These rates represent asthma death among adolescents and adults. The rate is per 1,000,000 population, aged 15 to 34 years. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database. The rate for Nevada may be under reported because Nevada only records primary causes of death on death certificates for the years reported.

Objective (24-1d): Reduce asthma deaths, adults aged 35 to 64 years.

Nevada 2001	1999 U.S. Baseline	U.S. 2000	2010 Target
8.4	15.7	15.2	9.0

These rates represent asthma deaths among adults. The rate is per 1,000,000 population, aged 35 to 64 years. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database. The rate for Nevada may be under reported because Nevada only recorded primary causes of death on death certificates for the years reported.

Objective (24-1e): Reduce asthma deaths, adults aged 65 and older.

Nevada 2001	1999 U.S. Baseline	U.S. 2000	2010 Target
42.3	70.0	65.8	60.0

These rates represent asthma deaths among adults. The rate is per 1,000,000 population, aged 65 years and older. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database. The rate for Nevada may be under reported because Nevada only recorded primary causes of death on death certificates for the years reported.

Objective (24-2a): Reduce hospitalizations for asthma, children under age 5 years.

Nevada 2001	1998 U.S. Baseline	U.S. 1999	2010 Target
23.5*	45.6	53.6	25.0

These rates represent discharges with a principal diagnosis of asthma among children. The rate is per 10,000 population, aged under age 5 years. The Nevada data are from Hospital Discharge Data. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are from a different source than the National data and may not be comparable.

Objective (24-2b): Reduce hospitalizations for asthma, children and adults aged 5 to 64 years.

Nevada 2001	1998 U.S. Baseline	U.S. 1999	2010 Target
8.7	12.5	13.6	7.7

These rates represent discharges with a principal diagnosis of asthma among children and adults. The rate is per 10,000 population, aged 5 to 64 years. The Nevada data are from Hospital Discharge Data. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database. The State data are from a different source than the National data and may not be comparable.

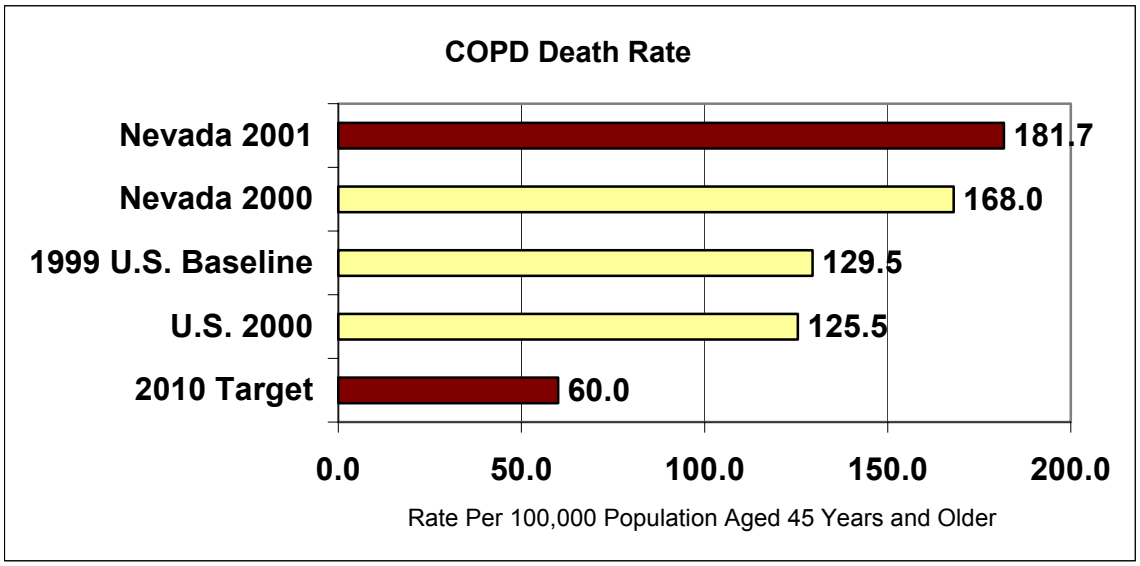
Objective (24-2c): Reduce hospitalizations for asthma, adults aged 65 years and older.

Nevada 2001	1998 U.S. Baseline	U.S. 1999	2010 Target
11.1	17.7	21.2	11.0

These rates represent discharges with a principal diagnosis of asthma among adults. The rate is per 10,000 population, aged 65 years and older. The Nevada data are from Hospital Discharge Data. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database. The State data is from a different source than the National data and may not be comparable.

Objective (24-10): Reduce deaths from chronic obstructive pulmonary disease (COPD) among adults.

Chronic obstructive pulmonary disease, refers to a group of diseases that cause airflow blockage and breathing-related problems. It includes emphysema, chronic bronchitis, and in some cases asthma. In 2000, 119,000 deaths, 726,000 hospitalizations, and 1.5 million hospital emergency department visits were caused by COPD. In the United States, an estimated 10 million adults were diagnosed with COPD in 2000. U.S. women had more COPD hospitalizations (404,000) than men (332,000) and more emergency department visits (898,000) than men (551,000) in 2000. More women (59,936) than men (59,118) died from COPD in 2000. In the United States, tobacco use is a key factor in the development and progression of COPD, but asthma, exposure to air pollutants in the home and workplace, genetic factors and respiratory infections also play a role**(57).**



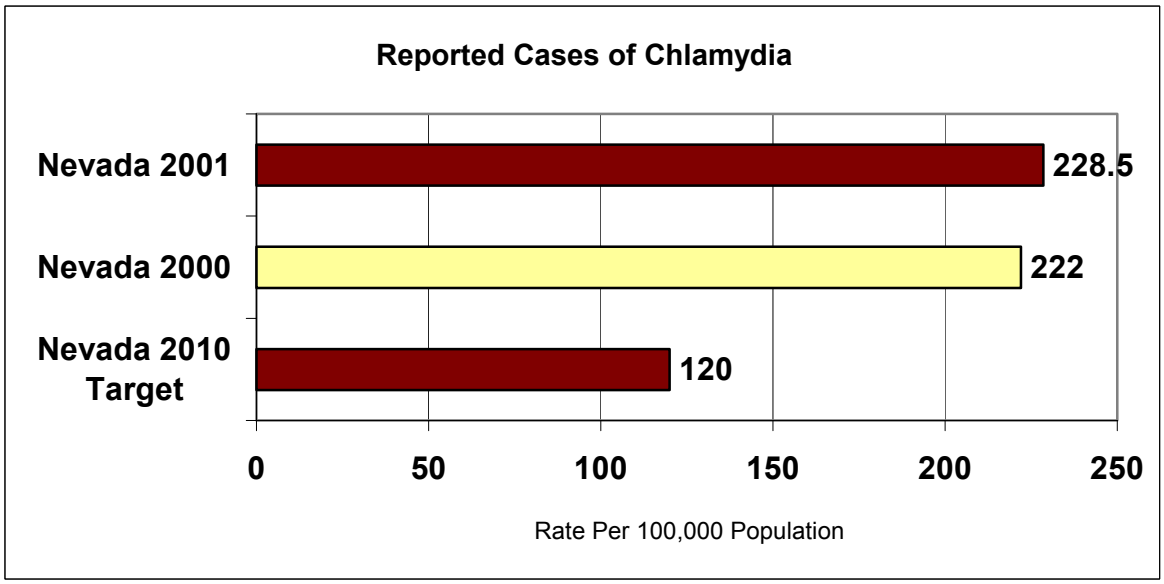
2001 By County/Region	Clark County	149.5
	Washoe County	207.8
	Rural Counties	194.1
Nevada 2001 By Race/Ethnicity	Black	76.4
	Hispanic	108.7
	Am. Indian	37.8
	White	198.7
	Asian	68.2

Nevada 2001 Rates By Age			
45-54	55-64	65-74	75+
10.4	61.5	235.8	647.0

These rates represent deaths due to COPD among adults. The rate is per 100,000 population, aged 45 years and older and is age adjusted to the year 2000 standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (25-1.): Reduce Chlamydia trachomatis infections.

Chlamydia is the most frequently reported bacterial sexually transmitted infection in the United States. More than 650,000 cases were reported in 1999, and three of every four reported cases occurred in persons under age 25. Underreporting is substantial because most people with chlamydia are not aware of their infections and do not seek testing. An estimated 3 million Americans are infected each year. Chlamydia is so common in young women that, by age 30, 50% of sexually active women have evidence that they have had chylamydia at some time during their lives**(58).**

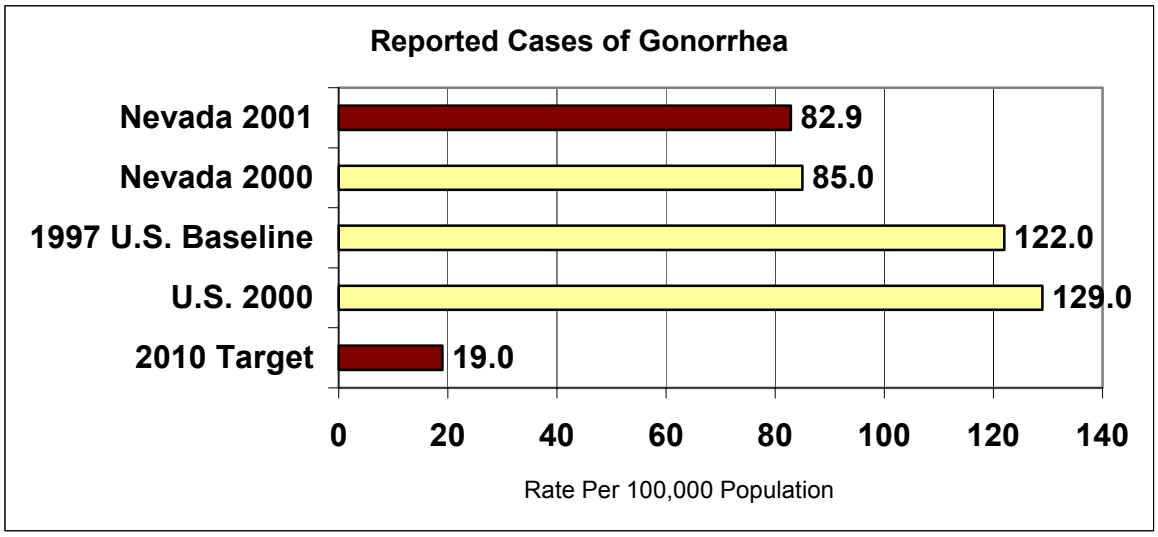


Clark County 2001	Washoe County 2001	Rural Counties 2001
229	302	137

These rates represent reported cases of chlamydia, in Nevada. The rate is per 100,000 population. The Nevada data are from the Nevada State Health Division, Bureau of Community Health.

Objective (25-2.): Reduce gonorrhea.

In 2000, 358,995 cases of gonorrhea were reported to the U.S. Centers for Disease Control and Prevention (CDC). In the United States, approximately 75 percent of all reported cases of gonorrhea are found in persons aged 15 to 29 years. The highest rates of infection are usually found in 15 to 19 year old women and 20-24 years old men. Health economists estimate that the annual cost of gonorrhea and its complications is close to $1.1 billion**(59).**

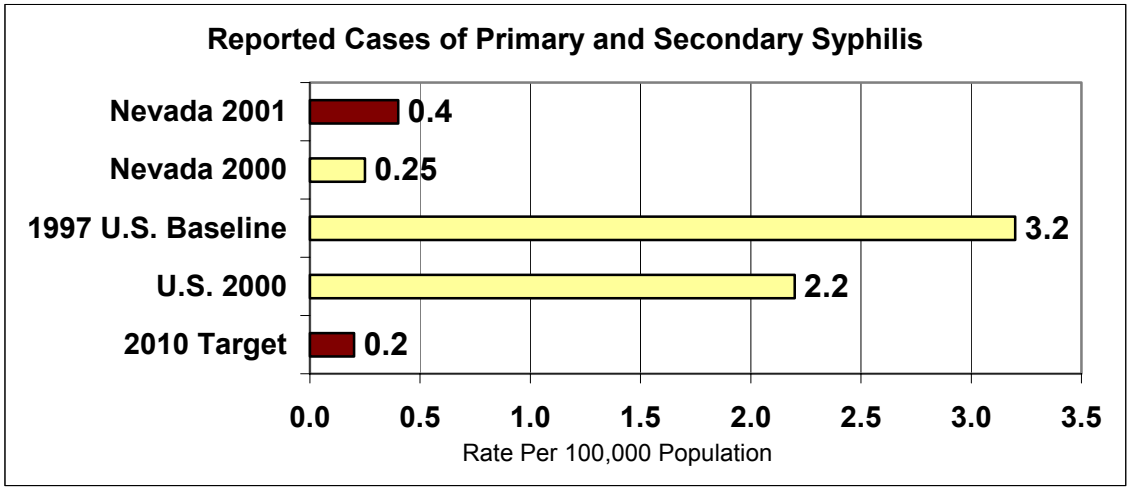


Clark County 2001	Washoe County 2001	Rural Counties 2001
102.4	58.3	13.6

These rates represent new reported cases of gonorrhea. The rate is per 100,000 population. The Nevada data are from the Nevada State Health Division, Bureau of Community Health. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (25-3.): Eliminate sustained domestic transmission of primary and secondary syphilis.

In 1999, syphilis occurred primarily in persons aged 20 to 39, and the reported rate in men was 1.5 times greater than the rate in women. The incidence of syphilis was highest in women aged 20 to 29 years and in men 30 to 39. Poverty, inadequate access to health care, and lack of education are associated with disproportionately high levels of syphilis in certain populations. Cases of primary and secondary syphilis in 1999 had the following race or ethnicity distribution: Blacks 75%, Whites 16%, Hispanics 8% and Others 1%**(60).**



Clark County 2001	Washoe County 2001	Rural Counties 2001
0.3	0.3	1.4

These rates represent new reported cases of primary and secondary syphilis. The rate is per 100,000 population. The Nevada data are from the Nevada State Health Division, Bureau of Community Health. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (25-11.): Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active.

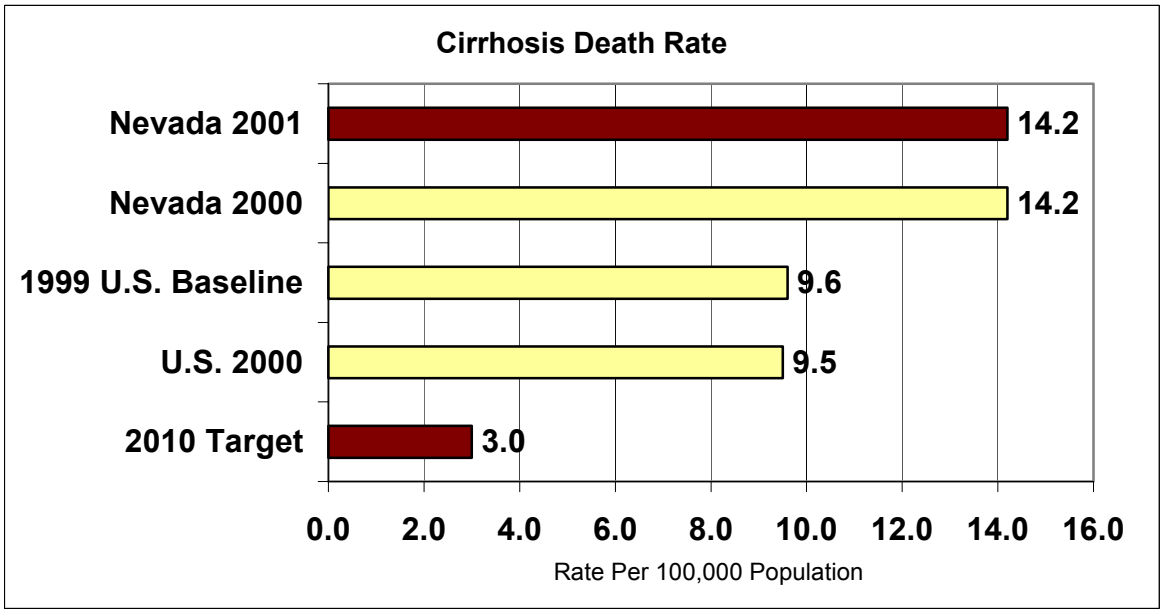
Nevada 2001	1999 U.S. Baseline	U.S. 2001	2010 Target
86.2%	85%	86.1%	95%

These percentages represent students in grades 9 through 12 who report that they never had sexual intercourse; or who have had sexual intercourse, but not in the past 3 months; or who have had sexual intercourse in the past 3 months but used a condom at last sexual intercourse. The Nevada data are from the Youth Behavior Risk Survey. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (26-2.): Reduce cirrhosis deaths.

The liver, the largest organ in the body, removes or neutralizes poisons from the blood, produces immune agents to control infection, and removes germs and bacteria from the blood. In cirrhosis of the liver, scar tissue replaces normal, healthy tissue blocking the flow of blood through the organ and preventing it from working as it should. Cirrhosis is the eighth leading cause of death, killing about 25,000 people each year. In the United States, chronic alcoholism and hepatitis C are the most common causes of cirrhosis**(61).**

Alcoholic cirrhosis usually develops after more than a decade of heavy drinking. The amount of alcohol that can injure the liver varies greatly from person to person. In women, as few as two to three drinks per day have been linked to cirrhosis, and in men, as few as three to four drinks per day**(62).**



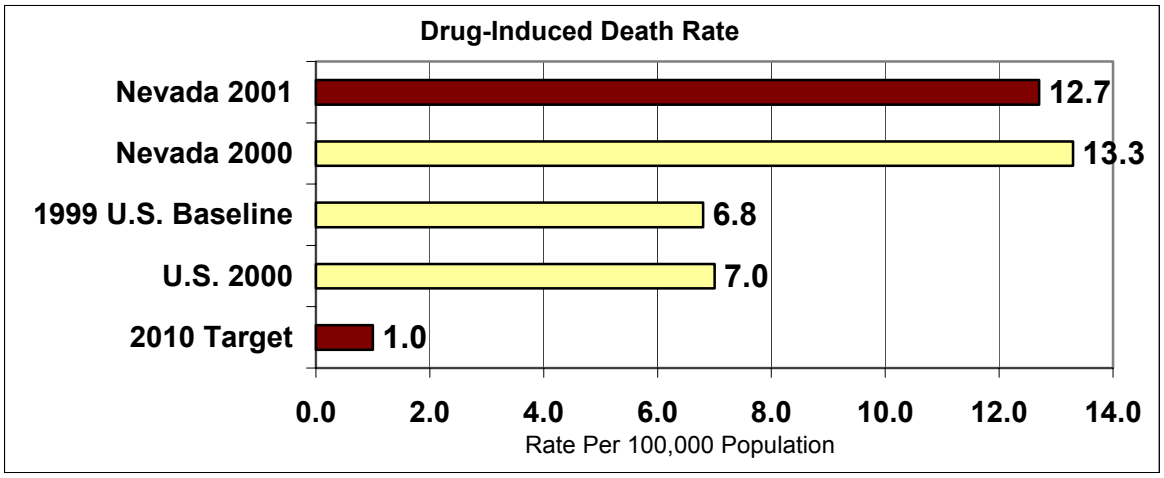
2001 By County/Region	**Clark County**	**14.0**
	Washoe County	**13.8**
	Rural Counties	**15.5**
Nevada 2001 By Race/Ethnicity	**Black**	**5.1**
	Hispanic	**18.7**
	Am. Indian	**27.3**
	White	**15.0**
	Asian	**4.9**

These rates represent deaths caused by cirrhosis. The rates are per 100,000 and are age adjusted to the year 2000 U.S. standard population. The Nevada data are from the Nevada Vital Statistics Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (26-3.): Reduce drug-induced deaths.

In 2001 there were over 638,000 emergency department visits related to drug abuse in the U.S. Seven categories of drugs accounted for 85 percent of emergency department mentions in 2001. The emergency department visits relate to drug abuse most frequently involved alcohol (34%), cocaine (30%), marijuana (17%), benzodiazepines (16%), narcotic analgesics/combinations (16%), heroin (15%) other analgesics/combinations (12%), and antidepressants (10%)**(63)**.

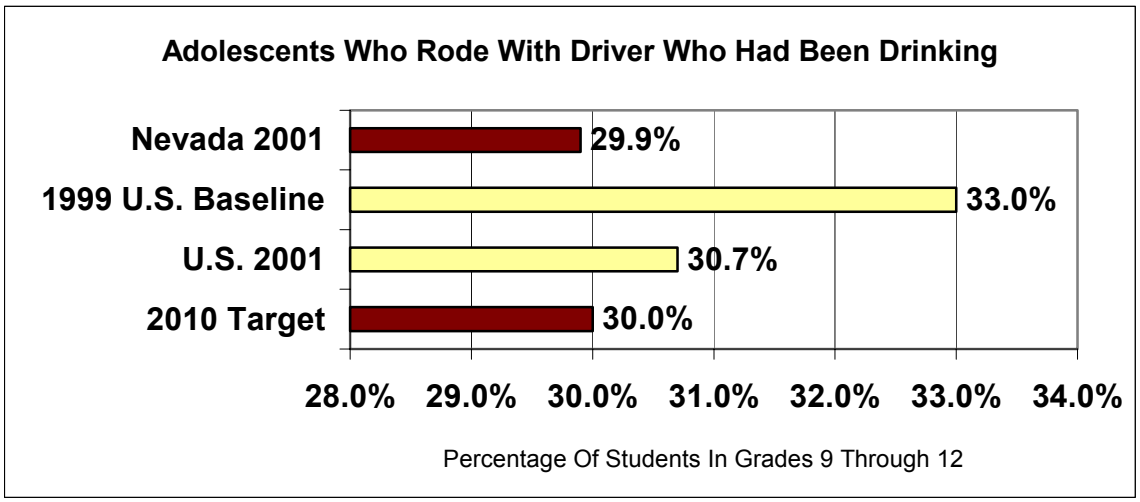
There were 19,102 deaths from drug-induced causes in 1999. In 2000, 7% of youth ages 12-17, in the U.S. smoked marijuana in the past month. In 2001, in the U.S. in the past month, of high school seniors, 22.4% smoked marijuana, 2.1% used cocaine, and 1.7% used inhalants**(64).**



2001 By County/Region	**Clark County**	**13.9**
	Washoe County	**10.4**
	Rural Counties	**8.2**
Nevada 2001 By Race/Ethnicity	**Black**	**18.4**
	Hispanic	**2.3**
	Am. Indian	**19.8**
	White	**15.5**
	Asian	**0**

These rates represent drug-induced deaths. The rates are per 100,000 population and are age adjusted to the year 2000 U.S. standard population. The Nevada data are from the Nevada Vital Statistics Records. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (26-6.): Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol.



Nevada 2001 By Race/Ethnicity	**Black**	**25.0%**
	Hispanic	**35.8%**
	Am. Indian	**40.9%**
	White	**26.4%**
	Asian	**27.7%**

These percentages represent students in grades 9 through 12 who reported riding, at least once during the 30 days preceding the survey, with a driver who had been drinking alcohol. The Nevada data are from the Youth Risk Behavior Survey. U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (26-9a.): Increase the age and proportion of adolescents who remain alcohol and drug free, average age at first use of alcohol.

Nevada 2001	Nevada 1999	1998 U.S. Baseline	2010 Target
12.6*	**12.5**	**13.1**	**16.1**

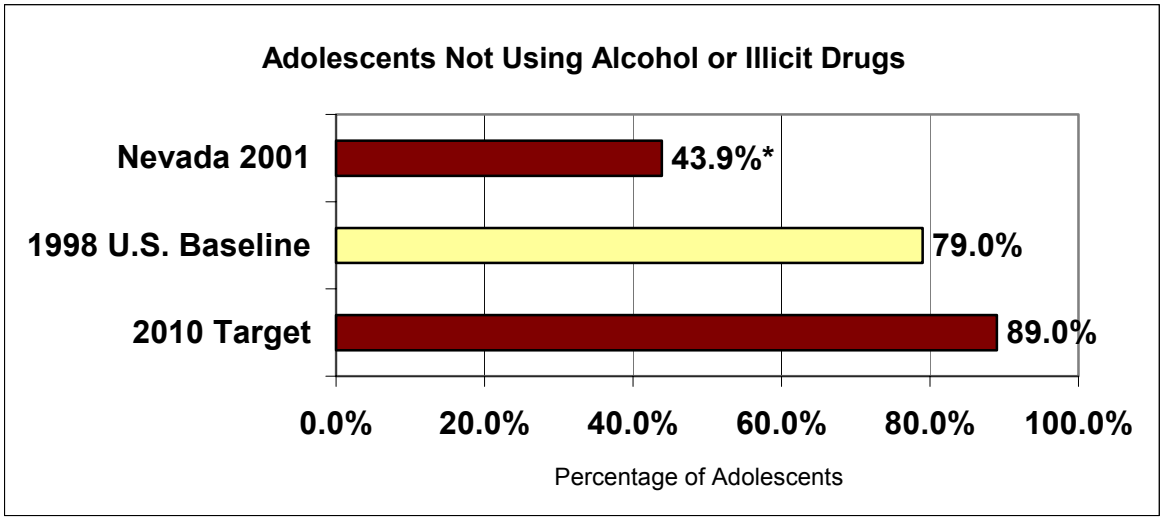
The Nevada numbers represent the mean of reported ages at first use of alcohol by adolescents aged 14 to 17 years. The Nevada data are from the Youth Risk Behavior Survey. The U.S. numbers represent the mean of reported ages at first use of alcohol by adolescents aged 12 to 17 years. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are from a different data source than the National data source and may not be comparable.

Objective (26-9b.): Average age at first use of marijuana.

Nevada 2001	Nevada 1999	1998 U.S. Baseline	2010 Target
13.3*	13.3	13.7	17.4

The Nevada numbers represent the mean of reported ages at first use of marijuana by adolescents aged 14 to 17 years. The Nevada data are from the Youth Risk Behavior Survey. The U.S. numbers represent the mean of reported ages at first use of marijuana by adolescents age 12 to 17 years. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data and the National data cover different ages, and are from a different data source and may not be comparable.

Objective (26-10a.): Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days.



Nevada 2001 By Race/Ethnicity	Black	46.0%
	Hispanic	41.8%
	Am. Indian	31.8%
	White	45.1%
	Asian	63.5%

The Nevada percentage represents adolescents, age 14 to 17 years who reported not using any alcohol or illicit drugs during the past 30 days. The Nevada data are from Youth Risk Behavior Survey. The U.S. percentages represent adolescents, age 12 to 17 years who reported not using any alcohol or illicit drugs during the past 30 days. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data and the National data cover different ages and data are from a different data source and may not be comparable.

Objective (26-11c.): Reduce the proportion of adults aged 18 years and older engaging in binge drinking of alcoholic beverages.

Nevada 2001	1998 U.S. Baseline	2010 Target
16.6%*	16.6%	6.0%

The Nevada percentage represents adults aged 18 years and older who report having five or more drinks at the same time on one or more occasion. The Nevada data are from the Behavior Risk Factor Surveillance System. The U.S. percentages represents adults age 18 and older who report having five or more drinks at the same time or within a couple hours of each other during the 30 days prior to the survey. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data and National data are from a different data source and may not be comparable.

Objective (26-11d.): Reduce the proportion of adolescents age 12 to 17 years engaging in binge drinking of alcoholic beverages.

Nevada 2001	1998 U.S. Baseline	2010 Target
32.4%*	7.7%	2.0%

The Nevada percentage represents adolescents, age 14 to 17 years who reported having five or more drinks at the same time or within a couple of hours of each other during the 30 days prior to the survey. The Nevada data are from Youth Risk Behavior Survey. The U.S. percentages represent adolescents age 12 to 17 years who reported having five or more drinks at the same time or within a couple hours of each other during the 30 days prior to the survey. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data covers different ages than the National data and are from a different data source than the National data and may not be comparable.

Objective (26-14b.): Reduce steroid use among 10th graders.

Nevada 2001	1998 U.S. Baseline	U.S. 2000	2010 Target
6.3%*	1.2%	2.2%	0.4%

Nevada 2001 By Race/Ethnicity		
	Black	9.7%
	Hispanic	7.4%
	Am. Indian	13.9%
	White	5.0%
	Asian	3.2%

These percentages represent 10th grade students who reported using steroids in the past year. The Nevada data are from Youth Risk Behavior Survey. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data and the National data are from a different source and may not be comparable.

Objective (26-14c.): Reduce steroid use among 12th graders.

Nevada 2001	1998 U.S. Baseline	U.S. 2000	2010 Target
4.4%*	1.7%	1.7%	0.4%

These percentages represent 12th grade students who reported using steroids in the past year. The Nevada data are from Youth Risk Behavior Survey. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data and the National data are from a different source and may not be comparable.

Objective (26-15.): Reduce the proportion of adolescents who use inhalants.

Nevada 2001 (Lifetime Use)	Nevada 2001 (Past 30 Day Use)	U.S. 1998 Baseline (Past Year Use)	2010 Target (Past Year Use)
16.3%*	5.2%*	2.9%	0.7%

Nevada 2001 (Lifetime Use) By Race/Ethnicity		
	Black	13.3%
	Hispanic	17.5%
	Am. Indian	20.0%
	White	16.2%
	Asian	16.9%

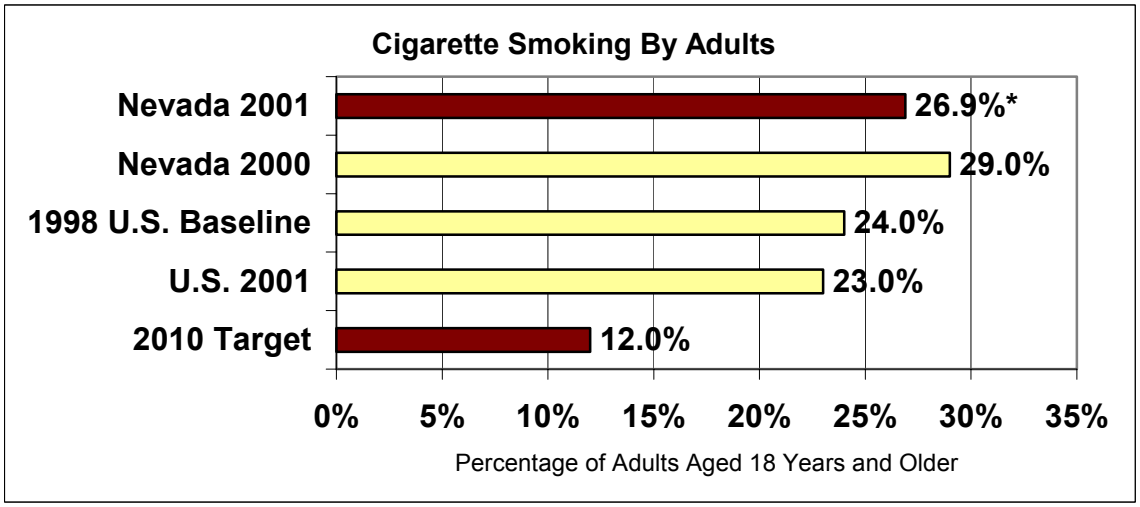
The Nevada percentages represents adolescents aged 14 to 17 years who reported using inhalants in their lifetime and in the past 30 days. The Nevada data are from Youth Risk Behavior Survey. The U.S. percentages represent adolescents aged 12 to 17 years who reported using inhalants during the past year. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data and the National data may not be comparable.

Tobacco Use

Objective (27-1a.): Reduce cigarette smoking by adults.

Cigarette smoking is the single most preventable cause of premature death in the United States. Each year, more than 400,000 Americans die from cigarette smoking. One in every five deaths in the United States is smoking related**(65).**

More than 4,000 chemical compounds have been identified in tobacco smoke. Of these, at least 43 are known to cause cancer**(66).**



2001 By County/Region	**Clark County**	**27.4%**
	Washoe County	**23.9%**
	Rural Counties	**28.0%**
Nevada 2001 By Race/Ethnicity	**Black**	**27.5%**
	Hispanic	**20.9%**
	White	**27.1%**
	All Others	**27.4%**

These percentages represent adults aged 18 years and older who have reported smoking at least 100 cigarettes in their lifetime and who now report smoking cigarettes everyday or some days. The Nevada data are from the Behavioral Risk Factor Surveillance Survey. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are from a different source than the National and may not be comparable.

Objective (27-2b.): Reduce cigarette smoking (past month) by adolescents

The estimated direct and indirect costs associated with smoking in the United States exceed $68 billion annually. Approximately 80% of tobacco use occurs for the first time among young people less than 18 years of age. In 2001, 29% of high school students reported current cigarette use, 15% reported current cigar use, and 8% reported current smokeless tobacco use**(67).**

Long-term health consequences of youth smoking are reinforced by the fact that most young people who smoke regularly continue to smoke throughout adulthood. Studies have shown that early signs of heart disease and stroke can be found in adolescents who smoke. On average, someone who smokes a pack or more of cigarettes each day lives 7 years less than someone who never smoked. The resting heart rates of young adult smokers are two to three beats per minute faster than nonsmokers.**(68)**

Nevada 2001	1999 U.S. Baseline	U.S. 2001	2010 Target
25.2%	35%	28%	16%

Nevada 2001 By Race/Ethnicity		
	Black	24.1%
	Hispanic	25.4%
	Am. Indian	43.1%
	White	26.4%
	Asian	19.3%

These percentages represent students in grades 9 through 12 who reported having smoked cigarettes on 1 or more of the 30 days preceding the survey. The Nevada data are from the Youth Risk Behavior Survey. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Objective (27-2c.): Reduce spit tobacco (past month) use by adolescents.

Nevada 2001	1999 U.S. Baseline	U.S. 2001	2010 Target
7%	8%	8%	1%

These percentages represent students in grades 9 through 12 who reported having used smokeless (chewing tobacco or snuff) tobacco on 1 or more of the 30 days preceding the survey. The Nevada and U.S. data are from the Youth Risk Behavior Survey.

Objective (27-4a.): Increase the average age of first use of tobacco products by adolescents.

Nevada 2001	1997 U.S. Baseline	2010 Target
12.3*	12	14

These numbers represent the mean of ages of first cigarette use of adolescents aged 12 to 17 years who ever smoked, including those who even smoked one or two puffs in their lifetime. The Nevada data are from the Youth Risk Behavior Survey. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
*The State data are from a different source than the National and may not be comparable.

Objective (27-5.): Increase smoking cessation attempts by adult smokers.

Nevada 2001	1998 U.S. Baseline	U.S. 2000	2010 Target
50.6%*	41%	42%	75%

Nevada 2001 Percentages By Age					
18-24	25-34	35-44	45-54	55-64	65+
80.5%	50.3%	52.3%	44.9%	33.8%	42.1%

These percentages represent current everyday smokers aged 18 years and older who quit smoking for 1 day or longer during the 12 months prior to the survey. The Nevada data are from the Behavior Risk Factor Surveillance Survey. The U.S. data are from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.
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Age Adjustment: using the direct method, is the application of observed age-specific rates to a standard age distribution to eliminate differences in crude rates in populations of interest that result from differences in the populations' age distribution. Age adjustment is relevant when populations being compared have different age structures.

The death rates are age-adjusted to the 2000 U.S. Standard distribution population (relative age distribution of the 2000 enumerated population of the United States totaling 1,000,000). This method produces the rate that would be expected if the population of interest had the same population age distribution as the standard population.

Behavioral Risk Factor Surveillance System (BRFSS): is an ongoing, state-based, telephone survey of persons aged 18 years and older, conducted by state health departments with assistance from the Centers for Disease Control and Prevention (CDC). The BRFSS questionnaire consists primarily of questions regarding behaviors that increase the risk for one or more of the ten leading causes of death in the United States. BRFSS uses a multistage design based on random-digit-dialing methods to gather a representative sample from each state's noninstitutionalized civilian residents.

Body Mass Index (BMI): is a formula for determining obesity. It is calculated by dividing a person's weight in kilograms by the square of the person's height in meters. A BMI of 25.0 or greater is considered overweight, and a BMI of 30.0 or greater is considered obese.

County Comparisons: The population size of the counties in Nevada is widely varied, from one thousand to over one million. Because of these differences, caution should be used when interpreting rate comparisons for counties in Nevada.

Glycosylated Hemoglobin Test: is a blood test used to monitor diabetes treatment. It measures the amount of hemoglobin A1C in the blood which provides an accurate long term index of the patient's average blood glucose level.

Nevada's Oral Health Survey: targets all third graders in the state of Nevada. All schools with at least 20 children in third grade were included in the sampling frame. Volunteer dentists screened children that returned a positive consent form. The average age of students screened was 8.5 years. The plan is to conduct the survey once every three years.

Race and Ethnicity: In conjunction with the U.S. Bureau of the Census and the National Center for Health Statistics definition, Hispanics are an ethnic group, not a race, and may include all races within their ethnic classification. In this report, Asian-Pacific Islander, Black, Native American, and White exclude Hispanics, therefore no duplicate counting exists. However, when National data are used for comparison, methodologies may differ by including Hispanic and Non-Hispanic populations within separate racial groups, as well as including different racial groups within the Hispanic ethnic group.

Regional Comparisons: Approximately eighty-six percent (86%) of Nevada's population resides in the urban areas of Clark (Greater Las Vegas area) and Washoe (Greater Reno/Sparks area) Counties. In this report, data are frequently stratified into three regions within the State as follows: Clark County, Washoe County, and Rural Counties (all remaining 15 counties).

Youth Risk Behavior Survey (YRBS): is a biennial, school-based survey administered to samples of students in grades 9-12. The survey collects data on health risk behaviors such as, injury, tobacco use, alcohol, and other drug use, sexual behavior, diet, nutrition and physical activity.

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